

CASEL F. LUCAS
VSP# 1082673
Port Claim
NON Compliance To Stipulated Agreement
Exhibits

Exhibit

#

10

Virginia Dept of Corrections Legal Update Sheet
Virginia State Police Criminal Record

VIRGINIA DEPARTMENT OF CORRECTIONS

SHUB-3

OSC-105

Legal Update

DOC #: 1080673	Offender: Lucas, Casel Frank	Date: 07/31/2020
Status: Active	Location: Haynesville Correctional Center	Page: 1 of 1
Current Class Level: 1		CRD: 02/25/1999
Total Sentence:	42 Years 6 Months 0 Days	Parole Rev. Date: Parole Violations: 0

Projected Dates

Discretionary Parole Eligibility: 02/04/2021
Mandatory Parole Release: 07/06/2026
Good Time Release: 11/04/2026
Adjusted Discharge: 30 days applied to MPRD

The projected dates are based on the assumption that the offender will continue to earn good time at the present earning level and will not have earned good time taken from the offender as a result of misbehavior. Loss of earned good time, a change in good time earning level, or any other event that impacts the service of the total sentence may cause the projected dates to change.

Events listed below may impact the projected dates of eligibility and/or release since the last Legal Update dated 11/13/2009

<u>Date</u>	<u>Description</u>
12/03/1996 to 03/18/1997	Detention Jail Credit: Arlington County Detention Center; Initial Jail Credit 105 Days
03/18/1997 to- 12/24/1997	Detention Jail Credit: Alexandria City Jail; Initial Jail Credit 281 Days
12/17/1998	Sentence: Alexandria Circuit - Docket: 95-593 Offense: Robbery{NCIC-1200} Offense Date: 07/04/1995 Good Time System: Earned Sentence Credit Revoked; Original Date of Judgment: 06/06/1996 ConvConcurrent; Straight Imposed: 3 Years 6 Months 0 Days Comments: 95-593/CONC. W/98-463
07/31/2020	Memo: Available credit for period 12/3/1996 to 3/18/1997 from Arlington County Detention Center and for period 3/18/1997 to 12/24/1997 from Alexandria City Jail are applied to this record from a prior VDOC custody period, CRD 11/18/1997, during which time subject was held for the same offenses calculated under this current confinement period.
07/31/2020	Memo: Upon an audit of the record, it was determined that case number 95-593 should have been reflected as a 3yr 6mos concurrent sentence. This update corrects and reflects.

VIRGINIA DEPARTMENT OF CORRECTIONS

OSC-106

Sentence Summary

DOC #: 1080673	Offender: Lucas, Casel Frank	Print Date: 08/07/2020
Status: Active	Location: Haynesville Correctional Center	Page: 2 of 3

Date of JudgmentSentence Description

12/17/1998

Alexandria Circuit - Docket:
 Offense: Statutory Burglary{NCIC-2210}
 Offense Date: 05/28/1994
 Good Time System: Good Conduct Allowance
 Revoked; Original Date of Judgment: 04/11/1995
 Consecutive; Straight
 Felony Term Indicator: 2
 Imposed: 5 Years 0 Months 0 Days
 Comments: 94-575-00

12/17/1998

Alexandria Circuit - Docket:
 Offense: Larc-Grand{NCIC-2320}
 Offense Date: 05/28/1994
 Good Time System: Good Conduct Allowance
 Revoked; Original Date of Judgment: 11/15/1994
 ConvConcurrent; Straight
 Felony Term Indicator: 2
 Imposed: 5 Years 0 Months 0 Days
 Comments: 94-576-01/CONC. W/94-567-00

12/17/1998

Alexandria Circuit - Docket:
 Offense: Larc-Grand{NCIC-2320}
 Offense Date: 05/20/1994
 Good Time System: Good Conduct Allowance
 Revoked; Original Date of Judgment: 11/15/1994
 ConvConcurrent; Straight
 Felony Term Indicator: 2
 Imposed: 5 Years 0 Months 0 Days
 Comments: 94-577-01/CONC. W/94-577-00

12/17/1998

Alexandria Circuit - Docket: 95-593
 Offense: Robbery{NCIC-1200}
 Offense Date: 07/04/1995
 Good Time System: Earned Sentence Credit
 Revoked; Original Date of Judgment: 06/06/1996
 ConvConcurrent; Straight
 Imposed: 3 Years 6 Months 0 Days
 Comments: 95-593/CONC. W/98-463

12/17/1998

Alexandria Circuit - Docket:
 Offense: Kidnap/Abduct{NCIC-1000}
 Offense Date: 03/19/1998
 Good Time System: Earned Sentence Credit
 ConvConcurrent; Straight
 Imposed: 5 Years 0 Months 0 Days
 Comments: 98-463-02
 Memo: CONC. W/98-463-00,01&03.

VIRGINIA DEPARTMENT OF CORRECTIONS

OSC-106

Sentence Summary

DOC #: 1080673	Offender: Lucas, Casel Frank	Print Date: 08/07/2020
Status: Active	Location: Haynesville Correctional Center	Page: 3 of 3

Date of JudgmentSentence Description

12/17/1998

Alexandria Circuit - Docket:
 Offense: Sex Asslt-Attempted Rape{NCIC-1199}
 Offense Date: 03/19/1998
 Good Time System: Earned Sentence Credit
 ConvConcurrent; Straight
 Imposed: 5 Years 0 Months 0 Days
 Comments: 98-463-03/18.2-67.5.A
 Memo: CONC. W/98-463-00,01&02.

12/17/1998

Alexandria Circuit - Docket:
 Offense: Larc-Grand{NCIC-2320}
 Offense Date: 05/28/1994
 Good Time System: Good Conduct Allowance
 Revoked; Original Date of Judgment: 04/11/1995
 ConvConcurrent; Straight
 Felony Term Indicator: 2
 Imposed: 5 Years 0 Months 0 Days
 Comments: 94-575-01/CONC. W/94-575-00

01/15/1999

Arlington Circuit - Docket:
 Offense: Robbery{NCIC-1200}
 Offense Date: 07/12/1995
 Good Time System: Earned Sentence Credit
 Revoked; Original Date of Judgment: 03/07/1997
 Consecutive; Straight
 Imposed: 2 Years 6 Months 0 Days
 Comments: CR95-1525
 Memo: ORDER OF 5/17/96 RECONSIDERED 3/7/97

01/15/1999

Arlington Circuit - Docket:
 Offense: Statutory Burglary{NCIC-2210}
 Offense Date: 05/27/1994
 Good Time System: Good Conduct Allowance
 Revoked; Original Date of Judgment: 03/13/1995
 Consecutive; Straight
 Felony Term Indicator: 2
 Imposed: 5 Years 0 Months 0 Days
 Comments: CR95-304

01/15/1999

Arlington Circuit - Docket:
 Offense: Larc-Grand{NCIC-2320}
 Offense Date: 05/27/1994
 Good Time System: Good Conduct Allowance
 Revoked; Original Date of Judgment: 03/13/1995
 ConvConcurrent; Straight
 Felony Term Indicator: 2
 Imposed: 5 Years 0 Months 0 Days
 Comments: CR95-305 CONC W/CR95-304

PURPOSE OF THIS REQUEST (Check only one)
☐ DOMESTIC ADOPTION ☐ INTERNATIONAL ADOPTION ☒ OTHER (please specify) EMPLOYMENT

NAME OF INDIVIDUAL TO BE SEARCHED: (Notarized Signature Required In Section 1 Below)
LAST NAME: LUCAS FIRST NAME: CASEL MIDDLE NAME: MAIDEN NAME:

RACE: B SEX: M DATE OF BIRTH: 08 / 08 / 1969 (MM/DD/YYYY) SOCIAL SECURITY NUMBER: 0069386530

Section 1: AFFIDAVIT FOR RELEASE OF INFORMATION:
I hereby give consent and authorize the Virginia State Police to search the files of the Central Criminal Records Exchange for a criminal history record and report the results of such search to the agent or individual authorized in this document to receive same.

State of Virginia ☒ County ☐ City of Richmond; to wit: Subscribed and sworn to before me on: 05/06/2020 (MM/DD/YYYY)
Signature of Notary Public: Catherine J. McKenney My commission expires: 5-31-22 My registration # is: 7781613

Section 2: SIGNATURE OF PERSON MAKING REQUEST (Notarized Signature Required)
As provided in Section 19.2-389, Code of Virginia, I hereby request the criminal history record of the individual named above and swear or affirm I have the consent of the individual to obtain their record and will not further disseminate the information received, except as provided by law.

State of Virginia ☒ County ☐ City of Richmond; to wit: Subscribed and sworn to before me on: 05/06/2020 (MM/DD/YYYY)
Signature of Agency/Individual Making Request: Casel Lucas My commission expires: 5-31-22 My registration # is: 7781613

NAME AND MAILING ADDRESS OF AGENCY, INDIVIDUAL OR AUTHORIZED AGENT MAKING REQUEST: (If Agency or Agent Is Receiving the Results, their Notarized Signature Is Required In Section 2)
Mail Results To:
NAME: HAYNESVILLE CORRECTIONAL
ATTENTION: CASEL LUCAS #1080073
ADDRESS: PO BOX 129
CITY: HAYNESVILLE STATE: VA ZIP CODE: 22472

Please provide your contact information in case there is a discrepancy with your form.
Phone:
Email:

FEES FOR SERVICE:
☐ \$15.00 CRIMINAL HISTORY SEARCH
☒ \$20.00 COMBINATION CRIMINAL HISTORY & SEX OFFENDER SEARCH
* To be entitled to reduced price, services must be on volunteer basis for a non-profit organization with a tax exempt number. Attach documentation to form which supports volunteer status and include organization's name, address, and the tax exempt identification number.

METHOD OF PAYMENT: (Note: Personal Checks Not Accepted)
☒ Business or Certified check or Money order (payable to Virginia State Police)
CHARGE CARD: ☐ MasterCard ☒ OR ☐ Visa VISA
Account Number: Expiration: /
Signature of Cardholder:

Mail This Form To:
Virginia State Police
Central Criminal Records Exchange - NCJ
P. O. Box 85076
Richmond, Virginia 23285-5076

FOR STATE POLICE USE ONLY - DO NOT WRITE BELOW THIS LINE
Response based on comparison of name information submitted in request against a master name index maintained in the Central Criminal Records Exchange only. Unless fingerprints are submitted, this request will only return Virginia Convictions.

☐ No Virginia Conviction Data - Does Not Preclude the Existence of an Arrest Record
☐ No Virginia Criminal Record - Name Search Only ☐ No Virginia Criminal Record - Fingerprint Search
☐ No Virginia Sex Offender Registration Record ☒ Virginia Criminal Record Attached

Date: 5-29-20 By CCRE/ 7405 50r record attached

Purpose code: ☐ C ☐ N ☐ O

ALEXANDRIA CIRCUIT 04/11/1995 BURGLARY
 ORI:VA099015J ALEXANDRIA 05/20/1994
 GUILTY
 ==> FELONY
 CCN:NOT RECORDED BURGLARY
 DCN:F561308 1153/0640 1296/1527

=====

SO ALEXANDRIA VA 09/07/1994 FINGERPRINTED
 ORI:VA0990100 OCA:94010004
 CHARGED WITH
 #001 FELONY
 STATUTORY BURGLARY
 ALEXANDRIA 05/13/1994

ALEXANDRIA CIRCUIT 04/11/1995 GUILTY
 ORI:VA099015J ==> FELONY
 CCN:NOT RECORDED STATUTORY BURGLARY
 DCN:F656154 1183/1833 1296/1325

SO ALEXANDRIA VA 09/07/1994 FINGERPRINTED
 ORI:VA0990100 OCA:94010004
 CHARGED WITH
 #002 FELONY
 LARCENY
 ALEXANDRIA 05/13/1994

ALEXANDRIA CIRCUIT 04/11/1995 GUILTY
 ORI:VA099015J ==> FELONY
 CCN:NOT RECORDED LARCENY
 DCN:F656155 1183/1834 1296/1350

SO ALEXANDRIA VA 09/07/1994 FINGERPRINTED
 ORI:VA0990100 OCA:94010004
 CHARGED WITH
 #003 FELONY
 STATUTORY BURGLARY
 ALEXANDRIA 05/13/1994

ALEXANDRIA CIRCUIT 04/11/1995 GUILTY
 ORI:VA099015J ==> FELONY
 CCN:NOT RECORDED STATUTORY BURGLARY
 DCN:F656156 1183/1837 1296/1470

SO ALEXANDRIA VA 09/07/1994 FINGERPRINTED
 ORI:VA0990100 OCA:94010004
 CHARGED WITH
 #004 FELONY
 LARCENY
 ALEXANDRIA 05/13/1994

ALEXANDRIA CIRCUIT 04/11/1995 GUILTY
 ORI:VA099015J ==> FELONY
 CCN:NOT RECORDED LARCENY
 DCN:F656157 1183/1832 1296/1469

SO ALEXANDRIA VA 09/07/1994 FINGERPRINTED
 ORI:VA0990100 OCA:94010004
 CHARGED WITH
 #005 FELONY
 LARCENY
 ALEXANDRIA 05/20/1994

ALEXANDRIA CIRCUIT 04/11/1995 GUILTY
 ORI:VA099015J ==> FELONY
 CCN:NOT RECORDED LARCENY
 DCN:F656158 1183/1831 1296/1471

CHARGED WITH
#002 FELONY 19.2-306
REVOCATION OF SUSPENDED SENTENCE AND PROBATION
ALEXANDRIA 03/24/1998

ALEXANDRIA CIRCUIT 12/17/1998 GUILTY
ORI:VA099015J ==> FELONY
CCN:NOT RECORDED PROBATION VIOLATION
DCN:P000340 2027/1261 2191/0445

PD ALEXANDRIA VA 08/05/1998 FINGERPRINTED PHOTO:Y
ORI:VA0990000 OCA:98004595
CHARGED WITH
#001 FELONY 18.2-58
ROBBERY
ALEXANDRIA 03/19/1998

ALEXANDRIA CIRCUIT 12/17/1998 GUILTY
ORI:VA099015J ==> FELONY
CCN:NOT RECORDED ROBBERY
DCN:P000796 2062/0727 2191/0449

PD ALEXANDRIA VA 08/05/1998 FINGERPRINTED PHOTO:Y
ORI:VA0990000 OCA:98004595
CHARGED WITH
#002 FELONY 18.2-48
ABDUCTION -EXTORT MONEY OR IMMORAL PURPOSE
ALEXANDRIA 03/19/1998

ALEXANDRIA CIRCUIT 12/17/1998 GUILTY
ORI:VA099015J ==> FELONY
CCN:NOT RECORDED ABDUCTION
DCN:P000797 2062/0727 2197/0424

PD ALEXANDRIA VA 08/05/1998 FINGERPRINTED PHOTO:Y
ORI:VA0990000 OCA:98004595
CHARGED WITH
#003 FELONY 18.2-61
RAPE
ALEXANDRIA 03/19/1998

ALEXANDRIA CIRCUIT 12/17/1998 GUILTY
ORI:VA099015J ==> FELONY
CCN:NOT RECORDED ATTEMPTED RAPE
DCN:P000798 2062/0727 2197/0426

*
* CORRECTIONAL HISTORY *
*

FINGERPRINTED	DATE	STATUS
PEN FARM GOOCHLAND	02/25/1999	RECEIVED
ORI:VA037015C	==>	FELONY
INM:266497		
EVN:I266497		
FCN:SP850000183752	02/25/1999	FELONY 4CTS STATUTORY BURGLARY, 2CTS ROBBERY, BURGLARY
		2424/0287 SENT: 42 YRS 6 MOS
CSI:0000145648	02/25/1999	NEW PRISONER RCVD POW RCP&CLSS CTR

CASE 1 Y. LUCAS

VAR# 1080672

For Claim

NON compliance to stipulated agreement

Exhibits

Exhibit

#

12

Exhibits appeal denied Breathy Treatment



VIRGINIA DEPARTMENT OF CORRECTIONS

Offender Grievance Response - Level I

866.1 A-6

DOC Location: HCC Haynesville Correctional Center

Report generated by Brown, R T

Report run on 07/08/2020 at 03:49 PM

Offender Name	RECEIVED	DOC#	Location	Grievance Number
Lucas, Casel F	AUG 17 2020	1080673	Current Haynesville Correctional Center	HCC-20-REG-00046
Housing			Filed Haynesville Correctional Center	
HU2-A-38-B	OFFICE OF HEALTH SERVICES			

LEVEL I: WARDEN/SUPERINTENDENT'S RESPONSE (To be completed and mailed within 30 calendar days)
 In your grievance, you state that you wanted to go to Medical for a breathing treatment and C/O Barnes violated HIPPA rules when he did not allow you to see the Nurses.

As a result of the grievance, you would like appropriate action taken against C/O Barnes.

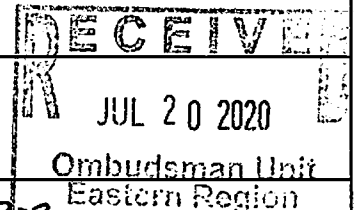
The results of the informal process reveal Lt. R. Radabaugh responded to Informal Complaint #HCC-20-INF-00585 on May 1, 2020, stating "Medical had other offenders from another building at that time."

An investigation into your complaint indicates after Lt. R. Radabaugh interviewed C/O Barnes, it was revealed that there were other offenders from different housing units in Medical for triage. Due to the pandemic, C/O Barnes could not have offenders from different housing units in Medical.

Your grievance is govern by policy restricted to offender access.

After thoroughly reviewing the information presented to staff in response to your complaint and the policy governing the issue, I find your grievance to be UNFOUNDED as the statements contained within are unsubstantiated.

If you are dissatisfied with the Level I response, you may appeal within 5 calendar days to:
 Regional Admin. 14545 Old Belfield Road, Capron, VA 23829



Warden/Superintendent

T. Hicks, Warden

Date

7-10-2020

I wish to appeal the Level I response because:

This is Absolutely False. Lt. Radabaugh, Ombudsman Mr. Pearson, Alexia interviewed
 Lt. Dobyns, Mr. Davis, and T/O Wright. C/O BARNES has lied he
 specifically told Mr. Davis C/O that he was to deny and so are the nurses.
 He said the same thing to Lt. Dobyns. He violated the DOP 801.3 Managing Offenders
 with Disabilities pg 6, 2A. Under no circumstance will a non-health care worker substitute their
 judgment in place of the Health Care Provider. C/O BARNES never asked a nurse or doctor. He did
 this on his own. He has Abused me an offender with disabilities by making me struggle

Offender Signature

Casey Y. Allen 1080673

Date

1st July 2020

for 2 hours to Breath because he was to deny. He put my life in extreme danger
 He also violated the DOP 801.3 He also violated the following Laws the Federal
 Americans with Disabilities Act of 1990 as amended (42 U.S.C. § 12101)
 Virginia with Disabilities Act (Gov. § 51.5-1 et seq.) Page 1 of 1 Rev. 05/31/2007
 I AM A Executive Disabled Combat Veteran with service connected disabilities over
 and severe damage to my lungs from exposure to WMD's, C/O BARNES Abused me →

For 2 Weeks Denying Me My Treatment.

Then He Tried To Intimidate Me by Taking the Emergency Licensure and give it back to me unpunished. I am being abused more by the staff taking clothes and protecting him and his crimes.

He Abused Me A Old Man

He Abused Me A Disabled Combat Veteran.

But Making A Decision On this case not asking the Medical Staff Can I Get the Breathing Treatment

The Policy is Right Here K. Cosby. DO your Job Interview C/o Mr. Davis Obstruction

Interview Lt. Dobyns 2A Supervisor

Interview T/Offer Wright

This Man Abused me and Tortured Me for 2 Weeks Denying me my Medically Prescribed Breathing Treatment That

I get A Service Connected Disability from the U.S. Army & Veterans Affairs. I will go to the Media I will not allow this to continue. It is never a hard choice to make when you choose to do the right thing which is the right choice

The Easy Choice.

DO the Interviews to Lt. Dobyns, C/o Mr. Davis, T/O Wright, Ask Mr. Davis the Obstruction Why She Never Questioned or Interviewed These Staff Members.

I WAS Right I DID not Get this on 5 July 2020 The Warden Did it Same to Until 10 July 2020 and I DIDN'T get it Until Now 14 July 2020 This is a FIDELITY that the date and to prove that they can control this up.

VIRGINIA
DEPARTMENT OF CORRECTIONS

Regular Grievance 866_FI_4-17

REGULAR GRIEVANCE

Log Number: HCC-20-REG
00097

<u>CAROL F. LUCAS</u>	<u>1080673</u>	<u>2 A</u>	<u>2-A-38-B</u>
Name, First	Number	Building	Cell/Bed Number
<u>C/O BARNES</u>	<u>13 April 2020</u>	<u>1515 HRS</u>	
Individuals Involved in Incident	Date/ Time of Incident		
<u>Witnesses H. Dobyns, C/O MS DAVIS, Treatment Officer Wright.</u>			

WHAT IS YOUR COMPLAINT? (Provide information from the informal process: Attach Informal Complaint response or documentation of informal process.) This Grievance was legitimate. It was not responded to on time.

4/29/2020. What you have done is not by policy you violate the JSP 866 Procedures C/O BARNES
The off. com of Medical violated the Hippa Law. I Requested my Resecting Treatment. C/O BARNES
Flat out Denied me this Wrote "I'm too Busy & so are the NURSES. HE Repeated
This to Officer MS DAVIS & H. Dobyns & Treatment Officer Wright. AT NO Time
Did He say to any of these officers that there were inmates from other Building
He did not ask the Nurses or Doctors about getting the Treatment. I waited
2 hours & filed an Emergency Inmate Nurse Reid, Nurse Lamford, Nurse Howard
was there that Day Nurse Reid asked me about the Emergency Inmate & said Process it
Officer Barnes came to the Back of Medical & gave it Back to me. Said you
Here was what you want with it.

What action do you want taken? (1) NO OFFICERS Can determine My Treatment or another
Inmate. Medical Staff is only able to do this Hippa Law. This need to Never Happen
again. I Could Have Died because my RESCUE Inmates ^{WERE} Not Helping
me. C/O BARNES Needs to be suspended 15 Days and Disqualified from

Working Medical Again
Grievant's Signature: Carol F. Lucas
Received: MAY - 8 2020 Date: 7 May 2020
By: GRIEVANCE OFFICE
e Received: _____



VIRGINIA
DEPARTMENT OF CORRECTIONS

Regular Grievance 866 FI 4-17

INSTRUCTIONS FOR FILING: You are required per Operating Procedure 866.1 *Offender Grievance Procedure* to attempt to resolve your complaint in good faith prior to filing a regular grievance. You must submit your grievance within 30 days from the date of occurrence or discovery of incident. Only one issue per grievance will be addressed. Write your issue only in the space provided on the grievance form, preferably in ink. Regular grievances are submitted through the institutional mail to the facility Grievance Office and a receipt issued within 2 working days from received date if the grievance is not returned during intake.

INTAKE: Grievances should be accepted for logging unless returned for the following reason(s):

☐ Non-Grievable. This issue has been defined as non-grievable in accordance with Operating Procedure 866.1.
☐ Disciplinary Procedure. You may appeal hearing decisions, penalties, and/or procedural errors under the provisions in Operating Procedure 861.1, *Offender Discipline*.
☐ Matters beyond the control of the Department of Corrections

☐ Does not affect you personally (This issue did not cause you personal loss or harm)

☐ Limited. You have been limited by the Warden/Superintendent

☐ More than one issue - resubmit with only one issue

☐ Expired Filing Period. Grievances are to be filed within 30 calendar days from date of occurrence/incident, or discovery of the occurrence/incident except in instances: 1) beyond the offender's control or, 2) where a more restrictive time frame has been established in Operating Procedures to prevent loss of remedy or the issue from becoming moot.

☐ Repetitive. This issue has been grieved previously in Grievance #

☐ Inquiry on behalf of other offenders.

☐ Group Complaints or Petitions. Grievances are to be submitted by individuals.

☐ Vulgar/Insolent or Threatening Language. YOU MAY BE CHARGED IN ACCORDANCE WITH OPERATING PROCEDURE 861.1 *OFFENDER DISCIPLINE*.

☐ Photocopy/Carbon Copy. You must submit the original grievance for responses and appeals.

☐ Grievances Filed Regarding Another Institution. This grievance is being returned to you for you to submit to:

☐ Informal Procedure. You have not used the informal process to resolve your complaint

☐ Request for services

☐ Insufficient Information (Not to include Medical). You need to provide the following information to the Grievance Office within 5 days before the grievance can be processed:

☐ The issue in the grievance is different from the issue in the informal complaint

Institutional Ombudsman/Grievance Coordinator: _____

Date: _____

If you disagree with this decision, you have 5 calendar days from date of receipt to submit to the Regional Ombudsman for a review of the intake decision. The Regional Ombudsman's decision is final.

Regional Review of Intake (within 5 working days of receipt)

☐ The intake decision is being upheld in accordance with Operating Procedure 866.1 *Offender Grievance Procedure*.

☐ The intake decision is being returned to you because the 5 day time limit for review has been exceeded.

☐ The grievance meets the criteria for intake and is being returned to the Warden/Superintendent for logging.

Regional Ombudsman: _____

Date: _____

WITHDRAWAL OF GRIEVANCE: I wish to voluntarily withdraw this grievance. I understand that by withdrawing this grievance, there will be no further action on this issue nor will I be able to file any other grievance in the future on this issue.

Offender Signature: _____

Date: _____

Staff Witness: _____

Date: _____



VIRGINIA DEPARTMENT OF CORRECTIONS

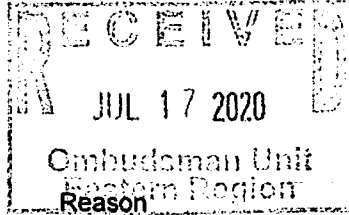
Grievance Continuance Receipt

866.1 TBD

DOC Location: HCC Haynesville Correctional Center

Report generated by Brown, R T

Report run on 06/05/2020 at 09:24 AM

Grievance Number: HCC-20-REG-00046Next Action Date: 07/05/2020 12:00 AM

Continuance

Level	Due Date	Reason	By
1	07/05/2020	Awaiting information	Brown, Rose T
2			
3			

On this date: 05/08/2020 I have received a statement from:Lucas, Casel F1080673

of

Haynesville Correctional Center

(Offender Name and DOC#)

HU2-A-38-B

(Filed Location and Housing)

Setting out the following complaint:

He states that C/O Barnes violated HIPPA laws when he denied him the right to a breathing treatment.

I have a right to appeal this. I have not gotten the response. Mr. Brown has not given it to me. My counselor Mr. Robinson called her and she said she sent it. I don't have it.

Rose T Brown (Signature) *IO* (Title)

This response has NOT been given to me by the due date. Also this puts me past my 5 days to appeal it to your office. I received nothing but an answer dated 25 July 2020.

Page 1 of 1 Rev. 03/30/2009 K. Cooby

VIRGINIA
DEPARTMENT OF CORRECTIONS

DO NOT RETURN this because of the Attachment must be included as Proof of my filing the Reasonable Accommodations Request as in DOPOL 3 Demands. THIS IS AN APPEAL To His Honor's Action

Informal Complaint

INSTRUCTIONS FOR FILING: Briefly write your issue in the space provided on the Informal Complaint form, preferably in ink. Only one issue per Informal Complaint. Place your complaint in the designated area at your facility. A receipt is issued within 2 working days from the date received if the informal complaint is not returned during intake. If no response is received within 15 calendar days, you may proceed in filing a regular grievance. You may utilize your receipt as evidence of your attempt to resolve your complaint.

An Informal Complaint is not required for an alleged incident of sexual abuse.

Offender Name <u>CAROL F. LUCAS</u>	Offender Number <u>1020673</u>	Housing Assignment <u>2-A-38-B</u>	RECEIVED JUL 17 2020 Ombudsman Unit Eastern Region
Facility ADA Coordinator <u>Ms. [Signature]</u>	Individuals Involved in Incident <u>[Signature]</u>	Date/Time of Incident <u>JUN 24 2020</u>	
<input type="checkbox"/> Unit Manager/Supervisor <input type="checkbox"/> Personal Property <input type="checkbox"/> Medical Administrator	<input type="checkbox"/> Food Service <input type="checkbox"/> Commissary <input type="checkbox"/> Other (Please Specify) <u>For Grievance</u>	<input type="checkbox"/> Institutional Program Manager <input type="checkbox"/> Mailroom	

Briefly explain the nature of your complaint (be specific):

A REPEAL FOR REASONABLE ACCOMMODATIONS REQUEST. I filed a Reasonable Accommodations REQUEST asking for an DOPOL 3 Accommodation To Be Made for me with the JERP Early Release Program which is Discriminatory in Written language and being practiced by VADOC Hamptonville Employees by NOT Addressing my REASONABLE ACCOMMODATION REQUEST Properly by the Facility ADA COORDINATOR. The REQUEST I sent is attached showing and proving I MADE the Written REQUEST as Policy dictated Yet this Correct Action was NOT taken.

Offender Signature CAROL F. LUCAS

Date 21 June 2020

Offenders - Do Not Write Below This Line

Date Received: 6-24-2020

Tracking # HCC 20-INF-01192

Response Due: 7-9-2020

Assigned to: R. BROWN IO

Action Taken/Response:

I have told you on several documents that this is not a grievable issue. There is an appeal process that go to OMS who makes the final decision. Any further paperwork on this issue can result in you being limited due to the amount of time that is being spent in the office processing the same issue over and over again. This is considered abuse and misuse of the grievance procedure in accordance with DOPOL 6.1. Offender: Rose T. Brown Printed Name and Title: Rose T. Brown, IO Date: 6-29-20

Respondent Signature

Printed Name and Title

Date

WITHDRAWAL OF INFORMAL COMPLAINT:

I wish to voluntarily withdraw this Informal Complaint. I understand that by withdrawing this Informal Complaint I will not receive a response nor will I be able to file any other Informal Complaint or Grievance on this issue.

Offender Signature: _____

Date: _____

Staff Witness Signature: _____

Date: _____

RECEIVED JUL - 2 2020 Ombudsman Unit Eastern Region
--

Revision Date: 4/28/17

Witness by staff is submitted to Ombudsman and a copy.

1.1.1.1

CAROL F. LUCAS
VAP# 1030073

For Claim

Non Compliance of Stipulated Agreement
Exhibits

Exhibit

#

13

Evidence Ombudsman Violations of
The Stipulated Agreement

RECEIVED

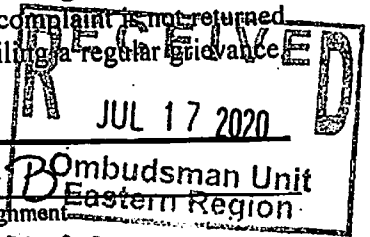
VIRGINIA
DEPARTMENT OF CORRECTIONS

JUN 24 2020

Informal Complaint 866_F3_4-17

By: GRIEVANCE OFFICE
Informal Complaint

INSTRUCTIONS FOR FILING: Briefly write your issue in the space provided on the Informal Complaint form, preferably in ink. Only one issue per Informal Complaint. Place your complaint in the designated area at your facility. A receipt is issued within 2 working days from the date received if the informal complaint is not returned during intake. If no response is received within 15 calendar days, you may proceed in filing a regular grievance. You may utilize your receipt as evidence of your attempt to resolve your complaint. An Informal Complaint is not required for an alleged incident of sexual abuse.



Case # 7. LUCAS 1080673 2-A-38-B Bombudsman Unit
Offender Name Offender Number Housing Assignment Eastern Region
Ombudsman M. Brown April 2020 2:00 PM 2:00 PM
Individuals Involved in Incident Date/Time of Incident

- ☐ Unit Manager/Supervisor ☐ Food Service ☐ Institutional Program Manager
☐ Personal Property ☐ Commissary ☐ Mailroom
☐ Medical Administrator ☐ Other (Please Specify):

Briefly explain the nature of your complaint (be specific). Ombudsman Violations of the Mediated Settlement Agreement COVID19 Whorley et al v. Northham Fetal Case No: 3:20-cv-00255 pg. 4(C)
Defendants agree to provide written guidance to grievance coordinators at VCC for the right to
grievances related to COVID19 as well requests to abide by COVID19 Related policies and protocols.
This is not allowed with these grievances HCC-20-INF-00585, HCC-20-INF-00559,
HCC-20-INF-00706, HCC-20-INF-00545 these grievances are all COVID19 Related
Policies & Protocols. All denied intake because they violated the safety & health of myself and all inmates
this is the second informal complaint I have filed on this. No receipt given on filed & labors.
Offender Signature Case 7. Lucas Date 22 June 2020

Offenders - Do Not Write Below This Line

Date Received: 6-24-2020 Tracking # HCC-20-INF-01191
Response Due: 7-9-2020 Assigned to: R Brown IO
Action Taken/Response:

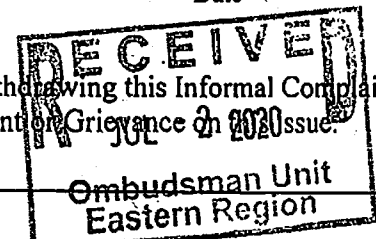
My intake decision is not a grievable issue.
Your next avenue is to submit your grievance
to the Eastern Regional Ombudsman in Copon,
VA for review.

Rose T Brown Rose T Brown, IO 6-29-20
Respondent Signature Printed Name and Title Date

WITHDRAWAL OF INFORMAL COMPLAINT:

I wish to voluntarily withdraw this Informal Complaint. I understand that by withdrawing this Informal Complaint, I will not receive a response nor will I be able to file any other Informal Complaint or Grievance on 2020 issue.

Offender Signature: _____ Date: _____
Staff Witness Signature: _____ Date: _____

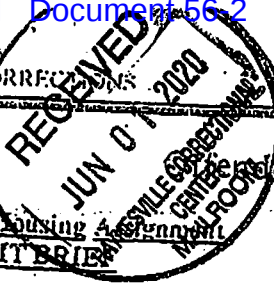


Witnessed by SWP submitted to Ombudsman institutional mail This is my second filing. 4/28/17
Revision Date: 4/28/17

VIRGINIA

DEPARTMENT OF CORRECTIONS

Offender Request #01, FY 7.1



DIRECTIONS

1. Fill in your Name, Number, Full Housing Assignment
2. Please Print your request; KEEP IT BRIEF
3. Drop in the appropriate Mail Box

Offender Request

4. Requests may be returned unanswered if addressed to the wrong department or if duplicate requests are sent.

JUN 01, 2020

OPERATIONS OFFICE

YOUR LAST NAME	FIRST	MI	NUMBER	BLDG/CELL
LUCAS	CASEL	F	1080673	2-A-28-B
WORK ASSIGNMENT	ASSIGNED COUNSELOR	TODAY'S DATE		
2-A Unit Custodian	MO. ROBINSON	1 July 2020		

TO: ☐ Unit Manager
☐ Treatment
☐ Chaplain

☐ Medical
☐ Mental Health
☐ Assistant Warden

☐ Personal Property
☐ Education
☐ Warden

☐ Law Library
☐ Enterprise Shop
☒ Other

☐ Security
☐ Accounting

FACILITY ADA Coordinator
 MS. J. GREENWOOD

CHECK PURPOSE

☐ Appointment Request ☒ Question/Statement

REASONABLE ACCOMMODATION REQUEST: I AM Disabled Veteran At Work with Disab/
 I Am A YNmate with 15 military Disabilities that I Am Service Connected
 For Receiving 50% Rating from the Veterans Affairs Board Veterans Appeals and
 The Court of Appeals for Veterans Claims Certification. 1) PTSD Mental Illnesses
 2) Depression, 3) Anxiety, 4) Ant. Personality Disorder, 5) Epilepsy, 6) TBI, 7) A
 ADULT Diaper 24 per month, 8) Degenerative Joint Disease both knees 9) Dip Joint
 Left & Right Hand, 10) Chronic Respiratory Illness & Acute Respiratory Disease
 11) Diabetes.

My Request is to be able to participate in IERP
 Releasing Program due to my Chronic Disabilities.

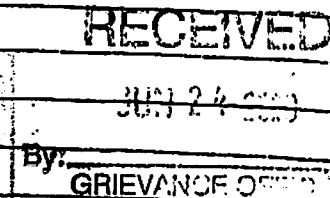
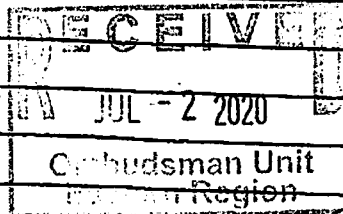
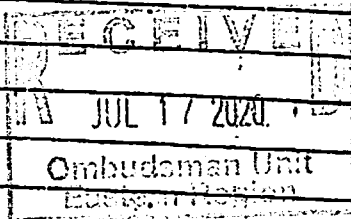
DO NOT ATTACH ADDITIONAL PAGES; DO NOT WRITE BELOW THIS LINE

RESPONSE

Request sent to correct department ☒ Yes ☐ No; Routed to: _____

Date: _____

You will need to speak to your Counselor.



Offender seen ☐ Yes ☒ No

Official Responding

Date of Response

Revision Date: 7/16/12



BOARD OF VETERANS' APPEALS

DEPARTMENT OF VETERANS AFFAIRS

WASHINGTON, DC 20038

Date: June 14, 2018

SS 228 29 8166

CASEL F. LUCAS

Dear Appellant:

The Board of Veterans' Appeals (Board) has made a decision in your appeal, and a copy is enclosed.

<i>If your decision contains a</i>	<i>What happens next</i>
Grant	The Department of Veterans Affairs (VA) will be contacting you regarding the next steps, which may include issuing payment. Please refer to VA Form 4597, which is attached to this decision, for additional options.
Remand	Additional development is needed. VA will be contacting you regarding the next steps.
Denial or Dismissal	Please refer to VA Form 4597, which is attached to this decision, for your options.

If you have any questions, please contact your representative, if you have one, or check the status of your appeal at <http://www.vets.gov>.

Sincerely yours,

Kimberly Osborne

Deputy Vice Chairman By: _____

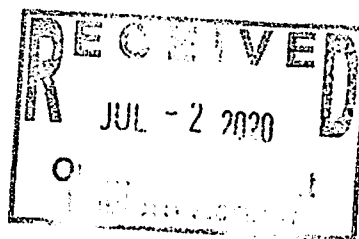
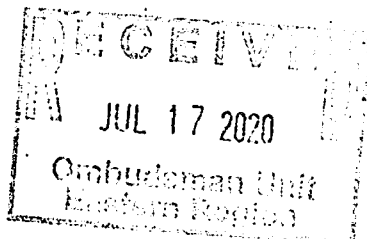
RECEIVED

JUN 24 2018

GRIEVANCE OFFICE

Enclosures (1)

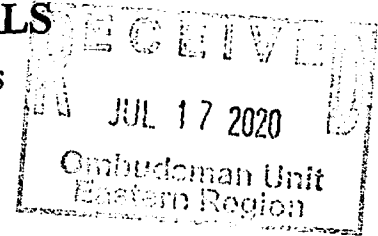
CC: Virginia Department of Veterans Services





BOARD OF VETERANS' APPEALS

DEPARTMENT OF VETERANS AFFAIRS

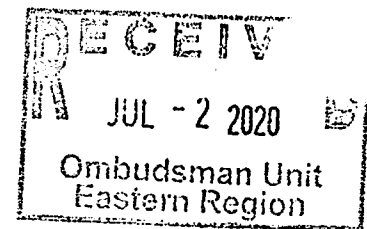


IN THE APPEAL OF
CASEL F. LUCAS
REPRESENTED BY

Virginia Department of Veterans Services

SS 228 29 8166
Docket No. 13-22 962

DATE: June 14, 2018



ORDER

Service connection for post-traumatic arthritis, left elbow, to include as due to Gulf War environmental exposures, is denied.

Service connection for right elbow strain, to include as due to Gulf War environmental exposures, is denied.

✕ Service connection for flexion contracture, distal interphalangeal (DIP) joint, right fifth finger, is granted.

⊙ Service connection for flexion contracture, DIP joint, left fifth finger, is granted.

Service connection for right ankle strain, to include as due to Gulf War environmental exposures, is denied.

Service connection for left ankle strain, to include as due to Gulf War environmental exposures, is denied.

Service connection for chronic fatigue syndrome (CFS), to include as due to Gulf War environmental exposures, is denied.

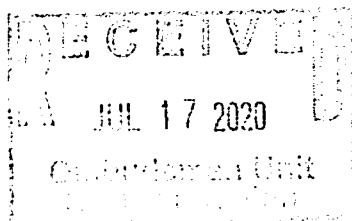
* Service connection for recurrent upper respiratory infections is granted.

Service connection for a sleep disorder, to include as due to Gulf War environmental exposures, is denied.

* Service connection for gastroesophageal reflux disease (GERD) is granted.

RECEIVED
MAY 26 2020
By: GRIEVANCE OFFICER
RECEIVED
JUN 24 2020
By: GRIEVANCE OFFICE

IN THE APPEAL OF
CASEL F. LUCAS



SS 228 29 8166
Docket No. 13-22 962

Service connection for genitourinary problems, to include as due to Gulf War environmental exposures, is denied.

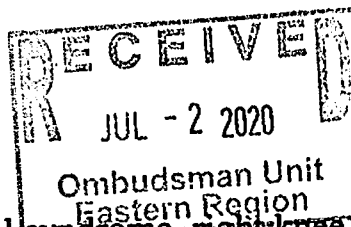
Service connection for impotency, to include as due to Gulf War environmental exposures, is denied.

Service connection for amyotrophic lateral sclerosis (ALS), to include as due to Gulf War environmental exposures, is denied.

* Service connection for headaches is granted.

The appeal for an effective date earlier than August 25, 2010 for the grant of service connection for PTSD is dismissed.

REMANDED



Entitlement to service connection for patellofemoral syndrome, right knee, to include as due to Gulf War environmental exposures, is remanded.

RECEIVED
JUN 24 2020
GRIEVANCE OFFICE

* Entitlement to an initial rating in excess of 10 percent for posttraumatic stress disorder (PTSD) is remanded.

RECEIVED

JUN 24 2020

FINDINGS OF FACT

By: _____
GRIEVANCE OFFICE

1. The Veteran had active service in the Southwest Asia Theater of Operations during the Persian Gulf War.

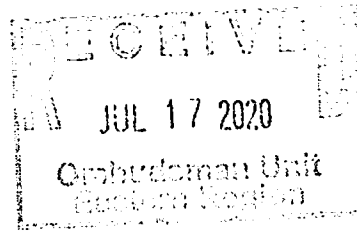
2. The Veteran's left elbow pain has been linked to a diagnosis of post-traumatic arthritis, left elbow, and the preponderance of the evidence is against finding that his post-traumatic arthritis, left elbow, was manifested in service, within one year of his separation from service, or is due to a disease or injury in service, to include a specific in-service event, injury, or disease.

RECEIVED

MAY 26 2020

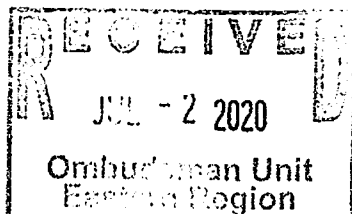
By: _____
GRIEVANCE OFFICE

IN THE APPEAL OF
CASEL F. LUCAS



SS 228 29 8166
Docket No. 13-22 962

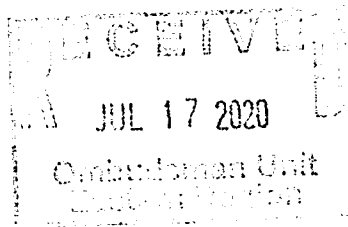
3. The Veteran's right elbow pain has been linked to a diagnosis of right elbow strain, and the preponderance of the evidence is against finding that his right elbow strain is due to a disease or injury in service, to include a specific in-service event, injury, or disease.
4. The Veteran's flexion contracture, DIP joint, right fifth finger, has been related to service.
5. The Veteran's flexion contracture, DIP joint, left fifth finger, has been related to service.
6. The Veteran's right ankle pain has been linked to a diagnosis of right ankle strain, and the preponderance of the evidence is against finding that his right ankle strain is due to a disease or injury in service, to include a specific in-service event, injury, or disease
7. The Veteran's left ankle pain has been linked to a diagnosis of right ankle strain, and the preponderance of the evidence is against finding that his right ankle strain is due to a disease or injury in service, to include a specific in-service event, injury, or disease
8. The Veteran has not manifested a diagnosis of CFS during the pendency of his appeal; nor has he been diagnosed with a medically unexplained chronic multi symptom illness.
9. The preponderance of the evidence of record establishes recurrent upper respiratory infections as a diagnosable but medically unexplained chronic multi symptom illness.
10. The preponderance of the evidence is against finding that the Veteran has a sleep disorder due to a disease or injury in service, to include specific in-service event, injury, or disease.
11. The Veteran's GERD began during active service.



RECEIVED
MAY 26 2020

By: 3 GRIEVANCE OFFICE
By: GRIEVANCE OFFICE

IN THE APPEAL OF
CASEL F. LUCAS



SS 228 29 8166
Docket No. 13-22 962

been diagnosed with CFS or with any medically unexplained chronic multi-symptom illness. The existence of a current disability is the cornerstone of a claim for VA disability compensation. *See Brammer v. Derwinski, supra.* As such, without a current diagnosis, the Veteran lacks the evidence necessary to substantiate his claim for service connection. The Board acknowledges that the Veteran does appear to have experienced fatigue, particularly as a result of his difficulties sleeping, but that fact alone does not necessitate the diagnosis of CFS which requires a specific set of symptomatology beyond just fatigue.

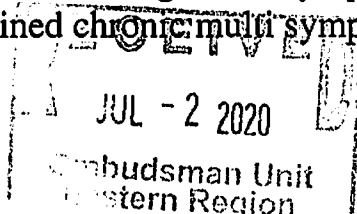
5. Entitlement to service connection for recurrent upper respiratory infections.

The Veteran contends he has respiratory problems due to various exposures in Iraq during the Gulf War, including chemicals and toxins, and exposure to WMDs after the demolition of an arms facility. He also contends he has had recurrent upper respiratory infections, to include pneumonia, and bronchitis, requiring treatment, since his service in Desert Storm.

Service treatment records show that in April 1988, the Veteran was treated for asthmatic bronchitis, and in May 1988 he was hospitalized for acute respiratory disease.

On a VA examination in March 2011, the Veteran reported his respiratory condition had an onset in the 1990s, and that he had recurrent upper respiratory infections requiring treatment since Desert Storm. The diagnosis was recurrent upper respiratory infections, which the examiner indicated was, by VBA definition category # (2), a diagnosable but medically-unexplained chronic multi symptom illness of unknown etiology. The examiner opined it was at least as likely as not the Veteran's recurrent upper respiratory infections were related to a specific exposure event he experienced during his service in Southwest Asia. The examiner noted that signs and symptoms that may be manifestations of both undiagnosed illnesses or diagnosed medically unexplained chronic multi-symptom illnesses include signs or symptoms involving the upper respiratory system.

As noted above, signs and symptoms which may be manifestations of medically unexplained chronic multi symptom illnesses include respiratory symptoms.



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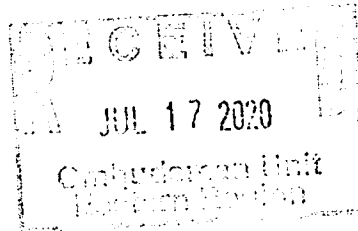
MAY 26 2020

By: _____
GRIEVANCE OFFICE

RECEIVED

JUL 24 2020

IN THE APPEAL OF
CASEL F. LUCAS



SS 228 29 8166
Docket No. 13-22 962

Service connection for genitourinary problems, to include as due to Gulf War environmental exposures, is denied.

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Service connection for headaches is granted.

The appeal for an effective date earlier than August 25, 2010 for the grant of service connection for PTSD is dismissed.

REMANDED

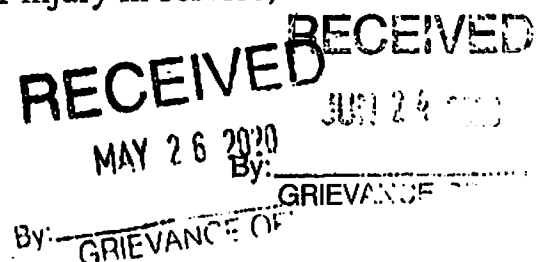
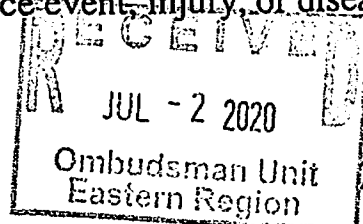
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Entitlement to an initial rating in excess of 10 percent for posttraumatic stress disorder (PTSD) is remanded.

FINDINGS OF FACT

1. The Veteran had active service in the Southwest Asia Theater of Operations during the Persian Gulf War.

2. The Veteran's left elbow pain has been linked to a diagnosis of post-traumatic arthritis, left elbow, and the preponderance of the evidence is against finding that his post-traumatic arthritis, left elbow, was manifested in service, within one year of his separation from service, or is due to a disease or injury in service, to include a specific in-service event, injury, or disease.





Virginia Department of Corrections

Offender Management and Programs

Operating Procedure 801.3

Managing Offenders with Disabilities

Authority:

Directive 801, *Facility Administration*

Effective Date: August 1, 2019

Amended:

Supersedes:

Operating Procedure 801.3, July 1, 2016

Access: ☒ Public ☐ Restricted

☒ Incarcerated Offender

ACA/PREA Standards:

5-ACI-2C-02, 5-ACI-2C-11, 5-ACI-2C-12,
5-ACI-2C-13, 5-ACI-3D-04, 5-ACI-5E-02,
5-ACI-5E-03, 5-ACI-6C-06, 5-ACI-7A-01,
5-ACI-7B-10, 5-ACI-7D-13; 4-4133, 4-4142,
4-4143, 4-4144, 4-4277, 4-4399, 4-4429, 4-4429-1,
4-4448, 4-4475, 4-4497; 4-ACRS-5A-19,
4-ACRS-6A-01-1, 4-ACRS-6A-04,
4-ACRS-6A-04-1, 4-ACRS-6A-04-2,
4-ACRS-6B-01; 2-CI-5A-1

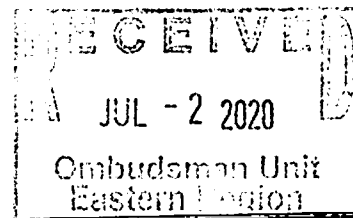
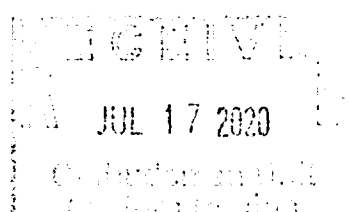
Content Owner:	Rose Durbin PREA/ADA Supervisor	<i>Signature Copy on File</i>	6/14/19
		Signature	Date
Reviewer:	Jermiah Fitz Jr. Corrections Operations Administrator	<i>Signature Copy on File</i>	6/17/19
		Signature	Date
Signatory:	A. David Robinson Chief of Corrections Operations	<i>Signature Copy on File</i>	7/1/19
		Signature	Date

REVIEW

The Content Owner will review this operating procedure annually and re-write it no later than three years after the effective date.

COMPLIANCE

This operating procedure applies to all units operated by the Virginia Department of Corrections. Practices and procedures must comply with applicable State and Federal laws and regulations, ACA standards, PREA standards, and DOC directives and operating procedures.



PURPOSE

This operating procedure provides guidelines for management of and provision of reasonable accommodations to offenders with disabilities housed in Department of Corrections (DOC) facilities. It describes levels of available services, methods by which assignments are made, and appropriate security measures for offenders with disabilities in accordance with the *Americans with Disabilities Act of 1990*, as Amended (42 U.S.C. §12101 et seq.) and the *Virginians with Disabilities Act* (COV §51.5-1 et seq.).

PROCEDURE**I. Training and Responsibility**

- A. All staff, contract staff, interns, and volunteers who regularly interact with offenders will receive instruction related to the provisions of accommodations for offenders with disabilities and the requirements of this operating procedure.
- B. All staff and contract staff must complete the mandatory *Americans with Disabilities Act* (ADA) on-line training, annually. Upon completion of the training, a copy of the certificate must be printed and submitted to unit training staff or the immediate supervisor for units without training staff.
- C. Upon arrival and during formal orientation, all offenders, to include those offenders who are transferred immediately to the infirmary or restrictive housing upon intake, will be informed of their right to non-discrimination on the basis of a disability and the process for requesting a reasonable accommodation as outlined in this operating procedure. (See Operating Procedure 810.1, *Offender Reception and Classification*, and Operating Procedure 810.2, *Transferred Offender Receiving and Orientation*.) (5-ACI-3D-04; 4-4277; 4-ACRS-6B-01)
 1. Each offender, upon arrival will be provided a copy of Attachment 1, *Notice of Rights for Offenders with Disabilities*, which includes the DOC ADA Coordinator's contact information.
 2. The facility *Orientation Manual, Packet*, and/or other written orientation materials must include the facility ADA Coordinator's name and contact information.
- D. Information on the nature and extent of an offender's disability and any reasonable accommodations related to the disability is considered protected health information. This information is confidential and will only be disclosed to staff as necessary to provide assistance to the offender or as authorized and/or permitted by the offender.
- E. ADA Coordinator
 1. Staff and offenders have access to the DOC ADA Coordinator and a facility ADA Coordinator. (5-ACI-5E-03; 4-4429-1; 4-ACRS-6A-01-1)
 - a. The DOC ADA Coordinator is an appropriately trained and qualified individual, educated in the problems and challenges faced by offenders with physical and/or mental impairments, programs designed to educate and assist offenders with disabilities, and all legal requirements for the protection of offenders with disabilities.
 - b. The facility ADA Coordinator is trained by the DOC ADA Coordinator in mandated legal requirements regarding disability accommodations.
 2. The DOC ADA Coordinator will serve as the authority on all issues related to offenders with disabilities, reasonable accommodations, and the application of this operating procedure.
 3. The facility ADA Coordinator will review all offender requests for a reasonable accommodation and, in consultation with appropriate staff, make a determination on the request and maintain documentation of the facility accommodation process to include approvals, denials, and appeals.
 - a. The following requirements will be considered when making a determination for an accommodation:
 - i. The disability, as recognized by the ADA, must be known to the DOC.
 - ii. The accommodation must not pose an undue hardship on the facility or to the safety and



Operating Procedure 801.3, *Managing Offenders with Disabilities*

Effective Date: August 1, 2019

JUL 17 2020

2. If the medical equipment or assistive device required to address and accommodate an offender's disability poses an undue hardship to the facility or to the safety and security of the offender or any other person, the Facility Unit Head, in collaboration with the Health Care Practitioner, will make a decision regarding an alternate appropriate accommodation.

a. Under no circumstances will non-health care providers substitute their judgment for that of a health care provider where an accommodation needed to address a physical or mental disability has been prescribed.

b. If there are unclear issues about an accommodation, the DOC ADA Coordinator may discuss with facility staff whether the proposed accommodation poses an undue hardship to the facility or to the safety and security of the offender or any other person prior to a final decision regarding the requested accommodation.

c. The DOC ADA Coordinator will resolve the issue if the facility Health Care Practitioner and the Facility Unit Head cannot come to an agreement.

d. The DOC ADA Coordinator, as necessary, will provide written documentation to the Facility Unit Head and facility ADA Coordinator regarding the offender's protection under ADA and/or the accommodation to be provided.

D. Physical therapy will be available on or off-site, as appropriate, and will be carried out, subject to the offender's consent, as prescribed by the facility Medical Practitioner.

E. All offender requests for diagnosis of a disability, determinations about an offender having a disability, and whether the offender will receive medical accommodations for the disability must be recorded in the offender's Health Record.

F. A copy of the decisions, including but not limited to diagnoses, regarding the disability determination, the reasons for denial or modification of the request, and reasonable accommodations will be provided to the offender.

IV. Offender Requests for Accommodation

A. Offenders may request a reasonable accommodation for their disability by submitting a Reasonable Accommodation Request 801_F7 to the facility ADA Coordinator. Offenders who have difficulty in communicating, understanding, or writing a Request should contact their counselor for assistance.

B. The facility ADA Coordinator will review the Request and, in consultation with appropriate staff, make a determination on the Request.

1. Reasonable Accommodation Requests will be acted upon in writing within ten business days, or a shorter time if necessary, by either granting the request, denying it, requesting further investigation, or granting it with modification. A specific reason must be stated if the request is denied or modified.

2. All Accommodation Requests with respect to medical care will be placed in the offender's Health Record with a copy forwarded to the offender and a copy maintained by the facility ADA Coordinator.

3. Accommodation Requests not specifically involving medical care will be maintained by the institutional ADA Coordinator with a copy forwarded to the offender.

C. If a facility Health Care Practitioner determines that a medically prescribed accommodation is warranted, facility health care providers will make provisions to provide for the medical accommodation.

1. Medically prescribed accommodations must be reviewed to address any facility safety and security concerns.

2. If facility health care providers have safety or security concerns regarding the medical accommodation, the facility ADA Coordinator or Facility Unit Head will be consulted.



G. Use of Force

1. Force may be used on offenders with disabilities in instances of justifiable self-defense, protection of others, protection of property, prevention of escapes, or to maintain or regain control as provided in Operating Procedure 420.1, *Use of Force (Restricted)*.
2. When such use must be preceded by the provision of an appropriate warning, this warning must be communicated by means that offenders with communication disabilities can observe and understand.

DEFINITIONS OF TERMS USED IN THIS OPERATING PROCEDURE

ADA Coordinator - A Department of Corrections employee assigned to coordinate the Department's efforts to comply with and carry out its responsibilities under the provisions of Title II of the *Americans with Disabilities Act* to include the review of complaints alleging non-compliance with requirements of non-discrimination for offenders with disabilities and coordination of DOC's efforts to comply.

Auxiliary Aids and Services - Assistance provided through services, equipment, or modifications to provide equal access for disabled or impaired individuals to activities, programs, and privileges, these aids and services may include, but are not limited to:

- Qualified interpreters or other effective methods of making aurally delivered materials available to individuals with hearing impairments
- Qualified readers, taped texts, audio recordings, Brailled materials, large print materials, or other effective methods of making visually delivered materials available to individuals who are blind or have visual impairments
- Functional devices to increase mobility including but not limited to walkers, canes, crutches, and manual or powered wheelchairs for individuals with mobility impairments
- Acquisition or modification of equipment or devices and other similar services and actions

Communication Disability - Any impairment related to speech, language, and/or auditory processing; it includes hearing impairments, visual impairments, and cognitive impairments evidenced by an inability to speak, read, and/or understand written or oral communications of information provided at the facility.

Co-payment - The amount paid by the offender for health care service, treatment, prosthesis, or orthotic

Health Care Practitioner - A clinician trained to diagnose and treat patients, such as physician, psychiatrist, dentist, optometrist, nurse practitioner, physician assistant, and psychologist

Health Care Provider - An individual whose primary duty is to provide health services in keeping with their respective levels of licensure, health care training, or experience

Major Life Activities - Include, but are not limited to, caring for oneself, performing manual tasks, seeing, hearing, eating, toileting, sleeping, walking, standing, lifting, bending, speaking, breathing, learning, reading, concentrating, thinking, communicating, and working

Medical Practitioner - A physician, nurse practitioner or physician's assistant

Mobility Impairments - Inability to move about without the aid of a cane, splint, crutches, wheelchair, walker, or any other form of support or because of limited functional ability to ambulate, climb, descend, sit, rise, or perform any related function

Offender with a Disability - Any offender who has a physical or mental impairment that substantially limits one or more of their major life activities, has a record of such impairment, or is perceived as having such impairment

Physical or Mental Impairment - Any physiological disorder, or condition, cosmetic disfigurement, or anatomical loss affecting one or more of the following body systems: neurological, musculoskeletal, special sense organ, respiratory (including speech organs), cardiovascular, reproductive, immune, digestive, genitourinary, hemic or lymphatic, skin and endocrine; or any mental or psychological disorder, such as mental retardation (Developmental Disorder), organic brain syndrome, emotional or mental illness, and specific learning disabilities. The phrase "physical or mental impairment" includes, but is not limited to, such contagious and non-contagious diseases and conditions as orthopedic, visual, speech, and hearing impairments, cerebral palsy, epilepsy, muscular dystrophy, multiple sclerosis, cancer, heart disease, diabetes, mental



1 copy

VIRGINIA
DEPARTMENT OF CORRECTIONS

Health Services Complaint and Treatment Form 720_F17_7-12

Health Services Complaint and Treatment Form

Facility: HAYNESVILLE CORRECTIONAL CENTER

Offender Name: Lucas Case1 Number: 1080673

Last

First

Signature and Title

Date/Time

Complaint and Treatment

9/11/20 730p	Offender requesting renewal of D-Cerin and Visine. Chart to MD/NP.	Kylangford, RN
9/14/2020 618 Noted 9/20/20 9/21/2020 Q. Baugh, RN	Emollients are available in the commissary Memo * Visine tear drops, 2 drops ea eye BID x 90 days EMB	Adrianlynn
9/22/2020 754 Noted 9/28/20 11 AM	Cats from 9/21/2020 Acceptable	Adrianlynn
10/1/2020 1515	Renew Biotene Mouthespray 2 spray QD PRND mouth spray APRNDNP-C await approval for non-formulary med. previously Rx Dental.	
10-2-2020 9A 193# 97° 18		
10/7/20 72 952		
10/6/2020 0730	pt seen and evaluated for S/L from pulmonology	
117/75 69 97.1	visit by telephone 9/10/2020 PFTS completed	
189.6 98.7 16	by specialist, reviewed med list and current inhalers, discussed risk/benefits of meds. Review all notes from specialty noted request to add medication for allergy symptoms and Δ Atrovent to LAMA, TTE completed mild regurgitation EFGS-70%.	
Noted 9/20/20 9/20/20 10-6-20 11P	Obstructive COPD 1) Stop Atrovent & LAMA Obstructive COPD 2) Start increase ellipta 1 puff. inhaled QID x 90 days Allergic Rhinitis 1) Zyrtec long PO QD x 90 days ✓ CV: KMR, hemop TABL Today ABD soft/tender Skin warm/dry ⊕ ROM ⊕ Cap ref 115 sec Skin APRNDNP-C	
10/8/2020 1245	Emollients are available in commissary please bring receipts for eval of medical need for Decrin cream refill per 9/14/2020 note - Skin APRNDNP-C	
Noted 10/13/20 cep	Kylangford, RN	

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VIRGINIA
DEPARTMENT OF CORRECTIONS

Health Services Complaint and Treatment Form 720_F17_7-12

Health Services Complaint and Treatment Form

Facility: HAYNESVILLE CORRECTIONAL CENTER

Offender Name: Lucas Case Number: 1080673

Last

First

Date/Time

Complaint and Treatment

Signature and Title

08/21/2020 2:50	2D Echo cardiogram Done on Site	[Signature]
08/25/20 1:30pm Admission	Uses Advair as directed Respirator 4521 B/D ✓ Floas 0.05 3T B/D ✓ Proseal 5mg 9d ✓ Quinacrine 5mg B/D X1000 ✓ Ceftriaxone 10mg HS ✓ Floas 0.4mg 9d ✓ Plomax	[Signature]
9/1/2020 1050 Noted 9-1-2020 @ 1120 A. Baehner	Refill request received, please advise pt saline spray, eye drops and lotion need to be purchased from commissary. 1) Senna Plus 17 PO QD PRN constipation x 30 tabs 2) Oxycontin 1 tab PO QD x 90 days 3) Voltaren gel Use 46 to pain site QID PRN MAX 166 x 3 tabs 4) All others have valid Rx, need refills completed by pharmacy.	[Signature]
9/2/2020 822 Noted 9/2/20 11A	Labs from 9/3/2020 Acceptable *Redo Ct, Ng, Trich vag ✓	[Signature]

VIRGINIA
DEPARTMENT OF CORRECTIONS

Health Services Complaint and Treatment Form 720_F17_7-12

Health Services Complaint and Treatment Form

Facility: HAYNESVILLE CORRECTIONAL CENTER

Offender Name:

Lucas Case

Last First

Number:

1080673

Date/Time	Complaint and Treatment	Signature and Title
8/17/20 8:17 AM noted [signature]	Pulm function test of 8/16/20 — acceptable 8/17/20 6P [signature]	[signature]
8/11/20 2:40 PM 979 96% 99P 114/76 (cold coffee)	To receive PFT Feels pretty good & used nasal spray (lots of help coming sinuses & epistaxis) + inhaler Not exercising but plans to walk NAD & 500 mg cough suppressant H5722 clear full resp. & prolonged expir. Smoker, huge gas exposure Will avoid severe heat / overexertion has almost continuously + Xopenex for also at request STD screen 8/11/20 8P [signature] AP	[signature]
8/12/20 1350 noted [signature]	8/4/2020 Lab screen for COVID negative acceptable lab 8/12/20 5P [signature]	[signature]
8/18/2020 0900 95% 97.8 T 114/76 RR 68 RR 16 8/18/20 938 PM	Placed to release Quarantine no S/S of COVID notemp 14 days complete release from quarantine Isolation no longer needed, Neg COVID screen - Sphen APRN, DNP-C noted 8/18/20 942 AM [signature] Spoke c Sgt young in RHU concerning release release — [signature]	[signature]



VIRGINIA
DEPARTMENT OF CORRECTIONS

Health Services Complaint and Treatment Form 720_F17_7-12

Health Services Complaint and Treatment Form

Facility: HAYNESVILLE CORRECTIONAL CENTER

Offender Name: LUCAS CASEL Number: 1080673

Last

First

Date/Time	Complaint and Treatment	Signature and Title
7/23/2020 940g 99.3, 94, 96% 18, 153/91	PT seen and screened for symptoms of COVID 3/p med run. PT has been in medical isolation since he run. Denies all symptoms of COVID-19 C/S: S, +S Lungs: CTARL Asymptomatic	
7/23/2020 940g 99.3, 94, 96% 18, 153/91	* Release back to compound	Admally mo
7/27/2020 951	* Renew Amlodipine 10mg PO q day x 180 days * Renew Xopenex 45mg spuffs qid PRN SOB x 180 days * Renew Atrovent 10ml 2 puffs tid PRN SOB x 180 days * Renew Atenolol 50mg PO BID x 180 days	Admally mo
7/29/2020 1355 99.3, 94, 96% 18, 153/91	Reviewed results CXR dated 7/28/2020 - no acute finding - Acceptable	Shelia APN, DNP-C
7/29/20 2000	Offender requesting renewal of Senna plus. Chart to MD/NP.	Kyngford, RN
7/29/2020 940g 99.3, 94, 96% 18, 153/91	Per Den consult of 7/29/20 - a/cutal (under gel, no additional lesions (Senna?) No chronic Hx. 185 treated w/lenox & occasional serostat 5 Rx Senna Plus 2 po qd prn x 30d	Shelia
8/4/2020	Ey. Exam Today	Shelia

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VIRGINIA
DEPARTMENT OF CORRECTIONS

Health Services Complaint and Treatment Form 720_F17_7-12

Health Services Complaint and Treatment Form

Facility: HAYNESVILLE CORRECTIONAL CENTER

Offender Name:

Lucas

Last

Casel

First

Number: 1080673

Date/Time	Complaint and Treatment	Signature and Title
7/20/20 2 PM	Notes from Pulm & Derm reviewed Pulm on 7/16/20 = ? COPD Schedule PFT's & COVID test ordered, CXR & Transferrin also Increased Omeprazole 20mg BID x 100d Keep Pulm appt. Derm - 3 moles - hyperpigmented possibly due to folliculitis - Cleanse w/ Clenbuterol 120 gel qd No follow up 4 Derm GP	<i>[Signature]</i>
7/21/20 10:00 AM 982 87 9470 120 16	Revised Pulm & Derm consults discussed need to outpatient testing (PFT) Transferrin also at hospital. On get CXR at HCC Will inquire about pulm tolerable Revised skin care orders. No on derm pings on Derm eval All questions answered.	<i>[Signature]</i>

COPY

CAROL F. LUCAS
VAP# 1093673
Port Claim
NON COMPLIANCE TO STIPULATED AGREEMENT
Exhibit B

Exhibit A
~~8~~
8

Medical Records from VAOC Treatment
of my Military Service Connected Disabilities
and Discharge Treatment of Medical Diseases and
Injuries from my 25 years of continuous incarceration
Lung, Heart, Diabetes, HTN,

Chronic Disease Clinic Follow-Up

HAYNESVILLE CORRECTIONAL CENTER

Offender Name: LUCAS, CASELNumber: 1080673

List chronic diseases:

1) HTN	3) COPD	5) BPH
2) DM-2	4) I.B.D	6) PTSD

List current medications:

See MAR (attached)

Subjective: (Yes or No)

Asthma: # attacks in last month? <u>0</u> # short acting beta agonist canisters in last month? <u>0</u> # times awakening with asthma symptoms per week? <u>0</u> Any wheezing? <u>N</u> Any night sweats? <u>0</u> Any systemic steroids use? <u>N</u> Any hemoptysis? <u>N</u> <u>CV</u> Hypertension (Y/N): Chest pain? <u>N</u> SOB? <u>N</u>	Seizure disorder: # seizures since last visit? <u>0</u> Diabetes mellitus: # of hypoglycemic reactions since last visit? <u>0</u> Any polyuria? <u>0</u> Any nocturia? <u>0</u> Any orthopnea? <u>0</u> Weight loss/gain $\downarrow \uparrow$ <u>0</u> #lbs <u>0</u> Palpitations? <u>N</u> Ankle or leg edema? <u>N</u>
Any dizziness since last appointment? <u>N</u> Any foot problems since last appointment? <u>N</u> Any blurred vision? <u>N</u> Any claudication? <u>N</u> Any headaches? <u>N</u> Any nausea/vomiting? <u>N</u> Rashes/Lesions? <u>N</u> Any abdominal pain/swelling? <u>N</u> Diarrhea? <u>N</u>	

For all diseases, since last visit, describe new symptoms:

COVID-19 neg 8/14/2020Echo done: 8/21/2020: EF 68%Mild pulmonary regurg. Mild Tricuspid regurg. Mild Atrial enlargement.
Possible outlet VSD.Patient adherence (Y/N): with medications? Y with follow up appointments? Y with diet? Y
Vital signs: Temp 98.6 BP 105/68 Pulse 61 Resp 18 Wt 203 PEFR 95% Pain scale 0

Past Labs:

Hgb A1C 7.5 BMP 6/2020 CMP 6/2020 INR 1.9 CD4 - Total Chol 90 LDL 30 HDL 40
 Trig 101 Hct 52.3 Hgb 16.9 AST 19 ALT 29 BUN 11 Creatinine 1.04
 Micro albumin 0 UA WNL CBC 6/8 EKG 3/2020 WNL LFT 0
 Drug level: 0 Other 0 Fibroscan score: 0

Range of fingerstick glucose: 90-196 mg/dL BP monitoring range: 90/68, 130/84.

Procedure:

Annual Funduscopic eye exam completed ☐ Yes ☐ No ☒ N/AAnnual dilated eye exam completed ☐ Yes ☐ No ☒ N/AAnnual foot exam completed ☐ Yes ☐ No ☒ N/A

E:

HEENT/neck: <u>NC/AT, EOMI, PERLLA, 0 bruits</u>	Extremities: <u>0 edema</u>
Heart: <u>S1+S2, NO RAS</u>	Neurological: <u>CN2-12 grossly intact</u>
Lungs: <u>CTABL</u>	GU/rectal: <u>defined</u>
Abdomen: <u>Soft NT/ND, BST</u>	Other: <u>0</u>

Assessment Diagnosis:

	Degree of Control				Clinical Status			
	G	F	P	NA	I	S	W	NA
1 HTN	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 DM-2	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 COPD	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 BPH	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

COPY

LUCAS, CASEL

Plan/Orders:

1080673

Medication: Diagnostics/Procedures: MAR 2021: EKG ✓Labs: DEC: CBC, CMP, Lipids, HbA1c, B12, folate, UA, vit D, PSA. ✓Special needs: none Work Code ☒ Administer Influenza vaccine ☐ Administer Pneumonia vaccine

92 months

Monitoring: BP: X day/week/month Accucheck: X day/week/month Peak flow: Offender questioned regarding presence of depression and suicidal thoughts while on seizure therapy? ☐ Yes ☐ No ☐ N/AEducation provided: ☒ Nutrition ☐ Exercise ☐ Smoking ☒ Test results ☒ Medication management ☐ Lab results
☒ Disease processReferral: (list type & priority level): Specialist: # Days to next visit? ☐ 1 year ☒ 180 ☐ 90 ☐ 60 ☐ 30 ☐ Other:

Additional information:

GTRD 11/4/2026LOC DMED A, 11, 12, 3, 4, 8A, 9MH 2

COPY

Provider Signature:

Adrian Huo

Date:

9/14/2020

1 COPY

VCU Medical Center

Printed: 10/8/20 10:44 AM

By: HAYES (REFH015), BRITNEY

Pulmonary OP Estab Visit

LUCAS, CASEL

Age: 51Y Gender: M DOB: 08/08/1969 MRN: 4369269 Phone: 8043333577

Date/Time 09/10/20 10:45am Author MYTINGER, ANDREA Status Preliminary Source VCUHL7

PCP: MATHEW MD, ALEXANDER

Visit conducted via telephone in light of COVID-19 pandemic. Haynesville Correctional Center. 804-250-4136

Reason for Follow Up: dyspnea on exertion, reactive airways disease

CC: I'm feeling better.

HPI: 51 yo male with ho HTN, GERD, allergic rhinitis, and reactive airways disease in the setting of multiple military gas inhalational exposures who is scheduled for follow up. last seen by me 7/16 with plan to obtain PFTs and better control GERD, PPI increased to BID dosing. since last visit, patient is feeling better. states his chest isn't as tight as it used to be. breathing is improved though still having to use inhalers (xopenex and atrovent) at least 3 times daily. still with nasal congestion. congestion is daily. using nasal spray (saline and flonase). also taking singulair. has never been on allergy pill.

Increase in PPI dosing has helped with acid reflux and dyspnea.

Social History:

direct exposure to burn pits and saren gas with chemicals to make mustard gas x 3 times monthly.

destroying weapons of mass destruction, without masks as the time, exposed to mustard gas, saren gas

updated smoking history: occasional marijuana, smoked 6 years, a pack would last around 3 days at least.

ROS: Complete systems review performed, please see HPI for pertinent positives and negatives

Medical History:

- Problem List (Active Medical Only) This information was current as of 09/10/20 @ 10:46:00.

Active:

- BP+ - Hypertension
- DM - Diabetes mellitus
- Pain with urination
- Urinary frequency
- Urinary hesitancy
- reactive airways disease
- allergic rhinitis

Home Medications This information was current as OF 09/10/20 @ 10:57:00.

Prescriptions Documented Meds By Hx:

- amlodipine(Hx): 10 mg, PO, daily
- atenolol(Hx): 50 mg, PO, twice daily
- bisacodyl (bisacodyl 5 mg oral delayed release tablet)(Hx): 5 mg, PO, daily
- calcium carbonate (Oyster Shell 500 (1250 mg calcium carbonate) oral tablet)(Hx): 1,250 mg, PO, daily
- chlorthalldone (chlorthalldone 25 mg oral tablet)(Hx): mg, PO, daily
- diclofenac topical (diclofenac 1% topical gel)(Hx): 4 g, Topical, four times daily, as needed, as needed for pain
- docusate-senna (Senna Plus)(Hx): PO, bedtime
- duloxetine(Rx): 60 mg, PO, daily
- emollients, topical (DermaCerin topical cream)(Hx): 1 application, Topical, twice daily
- emollients, topical (Hydrocerin)(Hx): Topical
- finasteride(Hx): 5 mg, PO, daily
- fluticasone nasal(Hx): Nasal, daily
- fluticasone-salmeterol (Advair HFA 45 mcg-21 mcg/inh inhalation aerosol)(Hx): Inhalation, twice daily
- fluticasone-salmeterol (Advair HFA 45 mcg-21 mcg/inh inhalation aerosol)(Rx): 2 PUFF, Inhalation, twice daily
- gabapentin(Hx): 200 mg, PO, twice daily
- gabapentin (gabapentin 100 mg oral capsule)(Rx): 200 mg, PO, four times daily
- gliplizide(Hx): 5 mg, PO, twice daily

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VCU Medical Center

Printed: 10/8/20 10:44 AM

By: HAYES (REFH015), BRITNEY

Pulmonary OP Estab Visit**LUCAS, CASEL, F**

Age: 51Y Gender: M DOB: 08/08/1969 MRN: 4369269 Phone: 8043333577

Date/Time 09/10/20 10:45am Author MYTINGER, ANDREA Status Preliminary Source VCUHL7

- hydroxyzine(Hx): 25 mg, PO, four times daily, as needed, as needed for anxiety
- ipratropium (Atrovent HFA)(Hx): Inhalation, four times daily
- ipratropium (Atrovent HFA 17 mcg/inh inhalation aerosol)(Rx): 2 PUFF, Inhalation, four times daily
- levalbuterol (Xopenex HFA 45 mcg/inh inhalation aerosol)(Hx): 2 PUFF, Inhalation, four times daily, as needed, as needed for wheezing
- linaclotide (Linzess 145 mcg oral capsule)(Hx): mcg, PO, daily
- mirtazapine(Hx): 45 mg, PO, bedtime
- montelukast(Hx): 10 mg, PO, daily
- omeprazole(Hx): 20 mg, PO, daily
- oxybutynin(Hx): 5 mg, PO, three times a day
- polycarbophil (Fiber Laxative)(Hx): 0.52 gm, PO, daily
- rosuvastatin(Hx): 10 mg, PO, bedtime
- saliva substitutes (Biotene Mouthwash)(Hx): 2 sprays, PO, daily, as needed, as needed for dry mouth
- tamsulosin(Hx): 0.4 mg, PO, daily
- tetrahydrozoline ophthalmic (Visine)(Hx): 2 Drops, Both Eyes, twice daily, as needed, as needed for dry eyes
- trazodone(Hx): 50 mg, PO, bedtime

Allergies as charted in the allergies profile as of 09/10/20 11:16:13.

lithium - Hives, Hypertension

Trilafo - Hives

valproic acid - Hives

Physical Exam:

deferred given telephone visit

Labs:

Cr 0.9

Imaging:

CXR: none in system

CT: A/P from 8/2019 available. lung bases with mild bronchiectasis, otherwise unremarkable

TTE: patient declined to show to last appointment

PFT: 8/2020

[IMAGE REMOVED]

[IMAGE REMOVED]

Sleep Study: none in system

Assessment/Plan: 51 yo male with ho HTN, GERD, allergic rhinitis, and reactive airways disease in the setting of multiple military gas inhalational exposures who is scheduled for follow up.

>>reactive airways disease: In the setting of multiple military gas exposures. PFTs consistent with mild obstruction, symptoms relieved with BDs though not BD responsive. given obstruction on PFTs, please add on LAMA such as tiotropium or equivalent. can dc atrovent once LAMA added. continue advair and PRN xopenex.

- pending symptoms at follow up visit, will consider CT imaging. CXR not performed, patient not wanting to come to MCV if can avoid it

>>PND, lower extremity edema: as per reported at last visit. no showed TTE yesterday. patient and nurse informing me that ultrasound tech will be present at facility tomorrow. please obtain full transthoracic echocardiogram, will also place order in cerner.

>>GERD: symptoms improved, continue BID PPI

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VCU Medical Center

Printed: 10/8/20 10:44 AM

By: HAYES (REFH015), BRITNEY

Pulmonary OP Estab Visit

LUCAS, CASEL

Age: 51Y Gender: M DOB: 08/08/1969 MRN: 4369269 Phone: 8043333577

Date/Time 09/10/20 10:45am Author MYTINGER, ANDREA Status Preliminary Source VCUHL7

>>allergic rhinitis: still with daily rhinitis. on singulair, ocean nasal spray and singulair. please add on anti-histamine such as cetirizine or equivalent.

RTC 4 months.

Discussed with Dr. Fowler, pulmonary attending.

Andrea Mytinger, DO

Pulmonary/Critical Care Fellow

=====

PERFORM Performed By: ANDREA KATHERINE MYTINGER 20200910110018 is COMPLETED
MODIFY Performed By: ANDREA KATHERINE MYTINGER 20200910110555 is COMPLETED
SIGN Performed By: ANDREA KATHERINE MYTINGER 20200910112836 is COMPLETED
MODIFY Performed By: ANDREA KATHERINE MYTINGER 20200910112836 is COMPLETED

Author: MYTINGER, ANDREA
Pulmonary OP Estab Visit

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VCU HEALTH SYSTEM

Name: LUCAS, CASEL	ID: 4369269	BSA: 2.08	Date: 08/06/2020
Tech: Sandiford, Michelle	Height: 72.00	Age: 50	DOB: 08/08/1969
Doctor: ADULT PULM CONSULT	Weight: 188.00	Sex: Male	Race: Black

Diagnosis: R06.0

Tbco Prod:

Yrs Smk:

Pks/Day:

Yrs Quit:

Medications:

Pre Test Comments:

Post Test Comments: Inconsistent patient effort and cooperation ; results did not meet ATS criteria for acceptability and repeatability. Post-bronchodilator completed after 2.5 mg albuterol nebulized. Inspiratory volume < 90% VC on DLCO attempted measurement not reportable .

	Pre-Bronch			Post-Bronch		
	<u>Actual</u>	<u>Pred</u>	<u>%Pred</u>	<u>Actual</u>	<u>%Pred</u>	<u>%Chng</u>
---- SPIROMETRY ----						
FVC (L)	4.68	4.50	103	4.57	101	-2
FEV1 (L)	3.16	3.60	87	2.97	82	-6
FEV1/FVC (%)	68	80	84	65	81	-3
FEF 25% (L/sec)	5.66	7.82	72	4.44	56	-21
FEF 50% (L/sec)	2.63	4.73	55	2.25	47	-14
FEF 75% (L/sec)	0.65	1.69	38	0.58	34	-11
FEF 25-75% (L/sec)	1.88	3.53	53	1.68	47	-10
FEF Max (L/sec)	5.72	9.33	61	4.44	47	-22
FIVC (L)	4.48			3.79		-15
FIF Max (L/sec)	4.56			2.43		-46
FIF 50% (L/sec)	4.54	4.98	91	2.24	44	-50
Expiratory Time (sec)	7.03			6.37		-9

--- LUNG VOLUMES ---

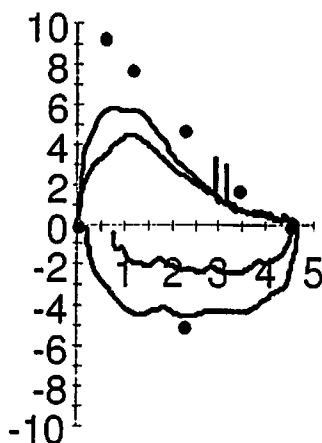
SVC (L)	5.03	4.49	112
IC (L)	1.53	2.96	51
ERV (L)	3.49	1.53	228
TGV (L)	5.34	3.53	151
RV (Pleth) (L)	1.84	2.00	92
TLC (Pleth) (L)	6.87	6.48	105
RV/TLC (Pleth) (%)	27	30	90
Trapped Gas (L)			

Post-Test Comments:

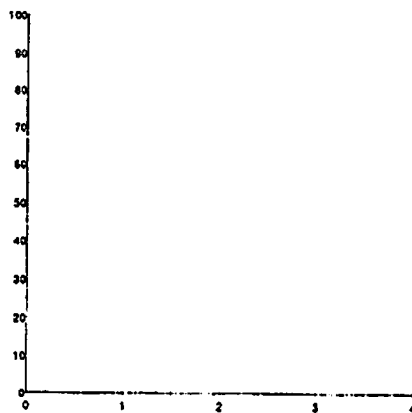
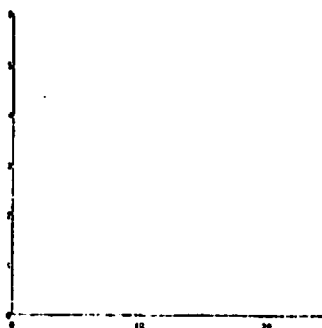
Inconsistent patient effort and cooperation ; results did not meet ATS criteria for acceptability and repeatability. Post-bronchodilator completed after 2.5 mg albuterol nebulized. Inspiratory volume < 90% VC on DLCO attempted measurement not reportable .

VCU HEALTH SYSTEM

Name: LUCAS, CASEL	ID: 4369269	BSA: 2.08	Date: 08/06/2020
Tech: Sandiford, Michelle	Height: 72.00	Age: 50	DOB: 08/08/1969
Doctor: ADULT PULM CONSULT	Weight: 188.00	Sex: Male	Race: Black



• Pred — Pre — Post



VCU HEALTH SYSTEM

Name:	LUCAS, CASEL	ID:	4369269	BSA:	2.08	Date:	08/06/2020
Tech:	Sandiford, Michelle	Height:	72.00	Age:	50	DOB:	08/08/1969
Doctor:	ADULT PULM CONSULT	Weight:	188.00	Sex:	Male	Race:	Black

Spirometry reveals mild obstructive lung disease. Lung volumes are within normal limits. The flow volume loop indicates obstructive lung disease. Interpret with caution given the patient's difficulty with performance of pulmonary function studies.

Alpha A. Fowler, III, MD, #8510

««This interpretation has been electronically signed: Fowler, Alpha 08/10/2020 02:52:52 PM»»

VCU Medical Center

Printed: 10/19/20 11:20 AM

By: HAYES (REFH015), BRITNEY

CV: Echo Transthoracic-Adult

LUCAS, CASEL

Age: 51Y Gender: M DOB: 08/08/1969 MRN: 4369269 Phone: 8043333577

Date/Time 10/16/20 02:14pm Author MYTINGER, ANDREA Status Auth (Verified) Source VCUHL7

VCU Medical Center
1200 E. Marshall Street
Richmond, VA 23298
Phone: 804-828-9986

Transthoracic Echocardiography Report

Name: LUCAS, CASEL Study Date: 10/16/2020 02:14 PM

Attending Physician: MYTINGER,

ANDREA Accession#: AH2026003

MRN: 4369269 Patient Location: KAHS...VCUHS

DOB: 08/08/1969 Gender: Male

Age: 51 yrs BP: 129/93 mmHg

Height: 71.5 in Weight: 201 lb

BSA: 2.1 m2

Heart Rate: 58

Reason For Study: Dyspnea

History: Hypertension, diabetes
mellitus

PROCEDURE

Procedure(CPT Code): TTE Complete (93306-26) 2D with Doppler and Color Flow:
No add on codes required).

Interpretation Summary

Normal left ventricular dimensions with normal segmental function, ejection
fraction, global longitudinal strain, and diastolic function.

The right ventricle is normal in size and function with mildly elevated
systolic pressure.

Normal valves.

Normal atrial and inferior vena caval dimensions.

LEFT VENTRICLE

Normal left ventricular dimensions with normal segmental function, ejection
fraction, global longitudinal strain, and diastolic function. LV ejection
fraction = 60%.

RIGHT VENTRICLE

The right ventricle is normal in size and function.

LEFT ATRIUM

The left atrial size is normal.

RIGHT ATRIUM

COPY

BH

VCU Medical Center

Printed: 10/19/20 11:20 AM

By: HAYES (REFH015), BRITNEY

CV: Echo Transthoracic-Adult**LUCAS, CASEL**

Age: 51Y Gender: M DOB: 08/08/1969 MRN: 4369269 Phone: 8043333577

Date/Time 10/16/20 02:14pm Author MYTINGER, ANDREA Status Auth (Verified) Source VCUHL7

Right atrial size is normal.

AORTIC VALVE

The aortic valve is normal in structure and function.

MITRAL VALVE

Structurally normal mitral valve with trivial regurgitation.

TRICUSPID VALVE

Structurally normal tricuspid valve with mild regurgitation. Tricuspid regurgitation peak velocity is 2.8 m/sec. Estimated right atrial pressure is 5 mmHg. Estimated right ventricular systolic pressure is 36 mmHg. Mild elevation of right ventricular systolic pressure.

PULMONIC VALVE

Structurally normal pulmonic valve. Trace pulmonic valvular regurgitation.

ARTERIES

The aortic root is normal size. The proximal ascending aorta appears normal. The transverse aorta appears normal. The proximal descending aorta appears normal. The pulmonary artery is normal size.

VENOUS

The inferior vena cava is normal in size.

EFFUSION

Insignificant pericardial effusion or subepicardial fat.

Normal Values

IVSd: 0.7cm - 1.2cm LVIDd: 3.5cm - 5.5cm LVIDs: 2.5cm - 4.0cm

LVPWd: 0.7cm - 1.1cm LA: 1.9cm - 3.8cm Ao: 2.0cm - 3.7cm

EF: (55 - 75%) LA Area: <> RA Area: <>

RVd: 4.3cm LV Mass(Men): <> LV Mass(Women): <>

LV Mass Index(Men): <116g> LV Mass Index(Women): <96g>

MMode/2D Measurements \T\ Calculations

RVDd: 3.7 cm LVIDd: 4.8 cm LV mass(C)d: 144.5 grams

IVSd: 0.85 cm LVIDs: 3.4 cm LV mass(C)dl:

LVPWd: 0.91 cm 68.0 grams/m2

Ao root diam: 3.6 cm asc Aorta Diam: 3.0 cm LA/Ao: 0.74
LA dimension: 2.7 cm desc Ao Diam: 1.4 cm LVOT diam: 2.3 cm

MPA diam: 1.8 cm LVLs ap4: 7.2 cm TAPSE: 1.7 cm

COPY

VCU Medical Center

Printed: 10/19/20 11:20 AM

By: HAYES (REFH015), BRITNEY

CV: Echo Transthoracic-Adult**LUCAS, CASEL**

Age: 51Y Gender: M DOB: 08/08/1969 MRN: 4369269 Phone: 8043333577

Date/Time 10/16/20 02:14pm Author MYTINGER, ANDREA Status Auth (Verified) Source VCUHL7

IVC Diam_: 1.4 cm RA ESA: 14.4 cm² LA A4Cs: 15.7 cm²LA ESV (MOD-BP): LA volume MOD BP Indexed:
44.0 ml20.7 ml/m²**Time Measurements**

Aortic R-R: 1.0 sec

Aortic HR: 59.0 BPM

Doppler Measurements \T\ CalculationsMV E max vel: 46.2 cm/sec MV dec slope: 145.5 cm/sec² Ao V2 max: 89.5 cm/sec

MV A max vel: 39.9 cm/sec MV dec time: 0.32 sec Ao max PG: 3.0 mmHg

MV E/A: 1.2 Ao V2 mean: 62.2 cm/sec

Ao mean PG: 1.8 mmHg

Ao V2 VTI: 19.5 cm

AVA(I,D): 3.1 cm²AVA(V,D): 3.2 cm²

LV V1 max PG: 2.0 mmHg CO(LVOT): 3.5 l/min TR max vel: 278.3 cm/sec

LV V1 mean PG: 1.0 mmHg SV(LVOT): 60.1 ml TR max PG: 31.3 mmHg

LV V1 max: 71.1 cm/sec

LV V1 mean: 47.2 cm/sec

LV V1 VTI: 15.0 cm

AV VR: 0.79 MV P1/2t-pr_: 93.0 msec RV S Vel: 9.4 cm/sec

AVA(VTI)/BSA: 1.5

MV LAT E': 10.3 cm/sec MV LAT E/E': 4.5 MV MED E': 8.8 cm/sec

MV MED E/E': 5.2

BN

COPY

Electronically Signed By:

Walter Paulsen, MD on 10/17/2020 03:52 PM

Performed By: Cara Martin

MRN: 4369269

Please click on link to see image.

VCU Medical Center

Printed: 10/19/20 11:20 AM

By: HAYES (REFH015), BRITNEY

CV: Echo Transthoracic-Adult

LUCAS, CASEL

Age: 51Y Gender: M DOB: 08/08/1969 MRN: 4369269 Phone: 8043333577

Date/Time 10/16/20 02:14pm Author MYTINGER, ANDREA Status Auth (Verified) Source VCUHL7

=====

ORDER Performed By: ANDREA KATHERINE MYTINGER 20201016141446 is COMPLETED

PERFORM Performed By: WALTER H.J. PAULSEN 20201016141446 is COMPLETED

VERIFY Performed By: WALTER H.J. PAULSEN 20201016141446 is COMPLETED

Author: MYTINGER, ANDREA

CV: Echo Transthoracic-Adult

BN

COPY

CASEY F. WOOD
VOP # 1080673

For claim

NON Compliance of Stipulated Agreement
Exhibits

Exhibit

14

Regional Director appeal
Resonable accommodation denial



COMMONWEALTH OF VIRGINIA

Department of Corrections

Division of Operations
Eastern Region

Gregory L. Holloway
Regional Operations Chief

14545 Old Belfield Road
Capron, VA 23829
(434) 658-4368

July 2, 2020

C. Lucas 1080673
Haynesville Correctional Center
P.O. Box 129
Haynesville, Virginia 22472

Dear C. Lucas:

Although your concerns are appreciated and noted, there was no evidence enclosed to support the proper utilization of the *Offender Grievance Procedure* (OP 866.1). In addition, HCC20-REG-00046 is due a response to you on July 5, 2020. Please note the below information which you can use as guidance when attempting to have your issues addressed via the grievance procedure.

Before a grievance issue can be reviewed outside the institutional level, an exhaustion of that level must be demonstrated which begins with the submission of an informal complaint. If the staff fails to respond, you can still choose to submit your regular grievance to the Institutional Ombudsman by attaching the complaint form and/or receipt with the grievance. If the Ombudsman determines that your *grievance* does not meet the intake criteria, you can *then* forward the package to this office for appeal review. If no receipt was issued to you within two working days, then you are advised to speak with your Unit Manager either in person or via request form so that he/she can inquire into the status of your document(s). Please utilize the procedure designed to investigate and bring resolution to grievable matters. With only a few exceptions, remember grievances must be filed within thirty days from date of occurrence of the alleged incident.

If you have questions regarding filing procedure, you may direct them to the Grievance staff at your facility and/or refer to OP 866.1.

Sincerely,

K. Cosby, Regional Ombudsman
Eastern Regional Office

/kwc

You never read any of the
documents I sent to be in
this envelope. There were 2 grievances
2 were for you to review the intake decision

No Evidence Really All the Evidence is the high your
stamp
now
lost
sent
HCC

10/24/20 with

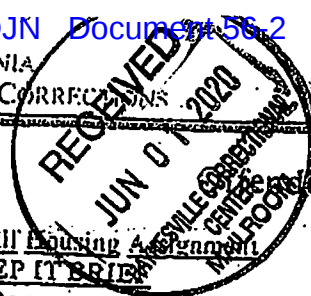
Whorley et al. v. Northam et al

Case NO: 2:20-cv-00255

Stripped Cellment Agreement

VIRGINIA
DEPARTMENT OF CORRECTIONS

Offender Request #01, 7-1



RECEIVED
JUN 01 2020
OPERATIONS OFFICE

DIRECTIONS

1. Fill in your Name, Number, Full Housing Assignment
2. Please Print your request; **KEEP IT BRIEF**
3. Drop in the appropriate Mail Box

4. Requests may be returned unanswered if addressed to the wrong department or if duplicate requests are sent.

YOUR LAST NAME	FIRST	MI	NUMBER	BLDG/CELL
LUCAS	CASE	F	1080673	2-A-38-B
WORK ASSIGNMENT	ASSIGNED COUNSELOR	TODAY'S DATE		
2-A Unit Custodian	Ms. PROBYN	1 July 2020		

- TO: ☐ Unit Manager ☐ Medical ☐ Personal Property ☐ Law Library ☐ Security
- ☐ Treatment ☐ Mental Health ☐ Education ☐ Enterprise Shop ☐ Accounting
- ☐ Chaplain ☐ Assistant Warden ☐ Warden ☒ Other FACILITY ADA Coordinator

CHECK PURPOSE

- ☐ Appointment Request ☒ Question/Statement

MS. J. GREENWOOD

Reasonable Accommodation Request: I am disabled Veteran with Disabilities. I am a Yunte with 15 military Disabilities that I am Service Connected. I am currently 50% Rating from the Veterans Affairs Board Veterans Appeals and the Court of Appeals for Veterans Claims Certification. 1) PTSD Mental Illnesses 2) Depression, 3) Anxiety 4) Ant. Personality Disorder 5) Post-Traumatic Stress Disorder 6) Adult Diaper 30 per cent 7) Deteriorative Joint Disease both knees 8) Dip Joint left & right hand, 9) Chronic Respiratory Illness & Acute Respiratory Disease.

My Request is to be able to participate in IERP Release Program due to my Chronic Disabilities.

DO NOT ATTACH ADDITIONAL PAGES; DO NOT WRITE BELOW THIS LINE

RESPONSE

Request sent to correct department ☒ Yes ☐ No; Routed to: _____ Date: _____

You will need to speak to your Counselor.

Offender seen ☐ Yes ☒ No

Official Responding

Date of Response



VIRGINIA DEPARTMENT OF CORRECTIONS

Grievance Receipt

866.1 A-3

DOC Location: HCC Haynesville Correctional Center

Report generated by Hand, P W

Report run on 06/24/2020 at 10:29 AM

Grievance Number: HCC-20-INF-01192Next Action Date: 07/09/2020 12:00 AM

On this date:	06/24/2020	I have received a statement from:
Lucas, Casel F	1080673	Haynesville Correctional Center
	of	HU2-A-38-B
(Offender Name and DOC#)		(Filed Location and Housing)
Setting out the following complaint:		
R Brown, IO - Complaint about reasonable accommodations regard IERP.		
P Hand		OSS
(Signature)		(Title)



VIRGINIA
DEPARTMENT OF CORRECTIONS

Informal Complaint

INSTRUCTIONS FOR FILING: Briefly write your issue in the space provided on the Informal Complaint form, preferably in ink. Only one issue per Informal Complaint. Place your complaint in the designated area at your facility. A receipt is issued within 2 working days from the date received if the informal complaint is not returned during intake. If no response is received within 15 calendar days, you may proceed in filing a regular grievance. You may utilize your receipt as evidence of your attempt to resolve your complaint.

An Informal Complaint is not required for an alleged incident of sexual abuse.

Offender Name: CASEY F. LUCAS Offender Number: 1020673 Housing Assignment: 2-A-38-B
Facility: ADA Coordinator Date/Time of Incident: RECEIVED JUN 24 2020
Individuals Involved in Incident: None

- ☐ Unit Manager/Supervisor ☐ Food Service ☐ Institutional Program Manager
☐ Personal Property ☐ Commissary ☐ Mailroom
☐ Medical Administrator ☐ Other (Please Specify): None

Briefly explain the nature of your complaint (be specific):

A REPEAL FOR REASONABLE ACCOMMODATIONS REQUEST. I filed a Reasonable Accommodations Request asking for an IDOT.001.3 Accommodation to be made for me with the JERP Early Release Program which is discriminatory in written language and being practiced by VDOC Stauntonville Employees by not addressing my REASONABLE ACCOMMODATION Request properly by the facility ADA Coordinator. The Request I sent is attached showing and proving I made the written Request as Policy dictated yet there correct action was not taken.

Offender Signature: CASEY F. LUCAS

Date: 21 June 2020

Offenders - Do Not Write Below This Line

Date Received: 6-24-2020

Response Due: 7-9-2020

Action Taken/Response:

Tracking # HCC 20-INE-01192

Assigned to: R. BROWN TO

Respondent Signature:

Printed Name and Title

Date

WITHDRAWAL OF INFORMAL COMPLAINT:

I wish to voluntarily withdraw this Informal Complaint. I understand that by withdrawing this Informal Complaint, I will not receive a response nor will I be able to file any other Informal Complaint or Grievance on this issue.

Offender Signature:

Date:

Staff Witness Signature:

Date:

Witness by Staff is submitted to ombudsmen and a Panel.

Revision Date: 4/28/17

CAROL F. WICKS
VSP# 1030673
For Claim

Non Compliance To Stipulated Settlement
Exhibit

Exhibit

10

Experiences Discrimination IEP

Dec-20-Jan-00137 IEP Discrimination
Dec-20-Jan-01192 IEP Reasonable Accommodation
Dec-20-Jan-00706 Food Service Contamination
Dec-20-Jan-00545 Staff Refusal To Wear PPE
Dec-20-Jan-00585 C/P BARRA Refusal To Breathing Treatments
Dec-20-Jan-00359 A. Bennett VIOLENT Abuse Denial
Request Early Release Under COVID-19



VIRGINIA DEPARTMENT OF CORRECTIONS

Grievance Receipt Report

VACORIS C - #.0

DOC Location: HCC Haynesville Correctional Center

Report generated by Brown, R T

Report run on 04/28/2020 at 04:01 PM

Grievance Number: HCC-20-INF-00706Next Action Date: 5/13/2020 12:00:00 AM

On this date:	04/28/2020	I have received a statement from:
Lucas, Casel F	1080673 of	Haynesville Correctional Center
(Offender Name and DOC#)		(Filed Location and Housing)
Setting out the following complaint:		
He states he was denied food because he was in Medical being triaged and 6A was in the chow on B-side while their building was being decontaminated. He states he decided not to get his meal because of this; therefore, he was denied a meal. (Rose T. Brown, IO)		
Rose T Brown		IO
(Signature)		

Officer Initials: _____

VIRGINIA
DEPARTMENT OF CORRECTIONS

Informal Complaint 866_F3_4-17

Informal Complaint

INSTRUCTIONS FOR FILING: Briefly write your issue in the space provided on the Informal Complaint form, preferably in ink. Only one issue per Informal Complaint. Place your complaint in the designated area at your facility. A receipt is issued within 2 working days from the date received if the informal complaint is not returned during intake. If no response is received within 15 calendar days, you may proceed in filing a regular grievance. You may utilize your receipt as evidence of your attempt to resolve your complaint. An Informal Complaint is not required for an alleged incident of sexual abuse.

CABEL F. LUCAS

1080113

2-A-38-B

Offender Name

Offender Number

Housing Assignment

Food Service Supervisor, Security, HCC Administration

24 April 2020 10:41 AM

Date/Time of Incident

- ☐ Unit Manager/Supervisor
☐ Personal Property
☐ Medical Administrator

- ☒ Food Service
☐ Commissary
☐ Other (Please Specify):

- ☐ Institutional Program Manager
☐ Mailroom

Briefly explain the nature of your complaint (be specific): Denied Food + Food Service Housing 6-A inmates, then
at 10:30 AM Friday 24 April 2020. After my Medical Treatment, I witnessed inmates
From Housing Unit 6-A Being Moved within B Side Cross Hall. This is A Food
Service Hazard. The Potential Contamination of the Food, Food Equipment, Food Service Personnel
To CROSS Contaminate the Trays being Prepared for lunch. The Trays Arrived At my
Dorm at 11:17 AM. The Cross Hall still had inmates from 6-A inside without being
Properly Decontaminated, Sterilized, & Sanitized. I'm a Diabetic with Chronic Illness Disease, Recurrent
Hypertension, Diabetes, Heart Condition. I had to Refuse the meal. Penicillin, Vitamins & Services, Upper
Infection, Respiratory

Offender Signature

Cabel F. Lucas

Date 24 April 2020

Viol: no

Offenders - Do Not Write Below This Line

Date Received: 4-28-20

Response Due: 5-13-20

Action Taken/Response:

Tracking # HCC20-INF-00706

Assigned to: ROSE BROWN, FO

Respondent Signature

Printed Name and Title

Date

WITHDRAWAL OF INFORMAL COMPLAINT:

I wish to voluntarily withdraw this Informal Complaint. I understand that by withdrawing this Informal Complaint, I will not receive a response nor will I be able to file any other Informal Complaint or Grievance on this issue.

Offender Signature: _____

Date: _____

Staff Witness Signature: _____

Date: _____



VIRGINIA DEPARTMENT OF CORRECTIONS

Grievance Receipt

866.1 A-3

DOC Location: HCC Haynesville Correctional Center

Report generated by Hand, P W

Report run on 06/24/2020 at 10:29 AM

Grievance Number: HCC-20-INF-01192Next Action Date: 07/09/2020 12:00 AM

On this date:	06/24/2020	I have received a statement from:
Lucas, Casel F	1080673	Haynesville Correctional Center
	of	HU2-A-38-B
(Offender Name and DOC#)		(Filed Location and Housing)
Setting out the following complaint:		
R Brown, IO - Complaint about reasonable accommodations regard IERP.		
P Hand		OSS
(Signature)		(Title)

VIRGINIA
DEPARTMENT OF CORRECTIONS

Informal Complaint 866 P3 4-17

Informal Complaint

INSTRUCTIONS FOR FILING: Briefly write your issue in the space provided on the Informal Complaint form, preferably in ink. Only one issue per Informal Complaint. Place your complaint in the designated area at your facility. A receipt is issued within 2 working days from the date received if the informal complaint is not returned during intake. If no response is received within 15 calendar days, you may proceed in filing a regular grievance. You may utilize your receipt as evidence of your attempt to resolve your complaint.

An Informal Complaint is not required for an alleged incident of sexual abuse.

Offender Name: CAROL F. LUCAS Offender Number: 10000673 Housing Assignment: 2-A-38-B
Facility: ADA Coordinator Individuals Involved in Incident: Ms. [unclear] Date/Time of Incident: RECEIVED JUN 24 2020

- ☐ Unit Manager/Supervisor ☐ Food Service ☐ Institutional Program Manager
☐ Personal Property ☐ Commissary ☐ Mailroom
☐ Medical Administrator ☐ Other (Please Specify): By Grievance

Briefly explain the nature of your complaint (be specific):

A REQUEST FOR REASONABLE ACCOMMODATIONS
REQUEST. I FILED A REASONABLE ACCOMMODATIONS REQUEST FOR AN IDOT.801.3
ACCOMMODATION TO BE MADE FOR ME WITH THE IERP Early Release Program. Which is
Discriminatory in Written language and being practiced by VDOC [unclear] Employees
by not addressing my REASONABLE ACCOMMODATION REQUEST properly by the facility
ADA Coordinator. The REQUEST I sent is attached showing and proving I
MADE the Written REQUEST as Policy Directed Yet the Correct Action was not taken.

Offender Signature: CAROL F. LUCAS Date: 21 June 2020

Offenders - Do Not Write Below This Line

Date Received: 6-24-2020 Tracking # HCC 20-INT-01192
Response Due: 7-9-2020 Assigned to: R. BROWN ID
Action Taken/Response:

Respondent Signature: _____ Printed Name and Title: _____ Date: _____

WITHDRAWAL OF INFORMAL COMPLAINT:

I wish to voluntarily withdraw this Informal Complaint. I understand that by withdrawing this Informal Complaint, I will not receive a response nor will I be able to file any other Informal Complaint or Grievance on this issue.

Offender Signature: _____ Date: _____

Staff Witness Signature: _____ Date: _____

Witness by [unclear] submitted to ombudsmen and a copy.

Revision Date: 4/28/17

L.H. [unclear]



VIRGINIA DEPARTMENT OF CORRECTIONS

Grievance Receipt

866.1 A-3

DOC Location: HCC Haynesville Correctional Center

Report generated by Hand, P W

Report run on 06/16/2020 at 03:59 PM

Grievance Number: HCC-20-INF-01137Next Action Date: 07/01/2020 12:00 AM

On this date:	06/16/2020	I have received a statement from:
Lucas, Casel F	1080673	Haynesville Correctional Center
	of	HU2-A-38-B
(Offender Name and DOC#)		(Filed Location and Housing)
Setting out the following complaint:		
S Westman - Complaint about IERP has no mention to include offender with disabilities.		
PHand		OSS
(Signature)		(Title)

Informal Complaint

INSTRUCTIONS FOR FILING: Briefly write your issue in the space provided on the Informal Complaint form, preferably in ink. Only one issue per Informal Complaint. Place your complaint in the designated area at your facility. A receipt is issued within 2 working days from the date received if the informal complaint is not returned during intake. If no response is received within 15 calendar days, you may proceed in filing a regular grievance. You may utilize your receipt as evidence of your attempt to resolve your complaint. **An Informal Complaint is not required for an alleged incident of sexual abuse.**

1092673

2.A.38.P

Offender Number:

Housing Assignment

RECEIVED

2 June 2020

Date/ Time of Incident

JUN 13 2011

- ☐
- Food Service

☐ Institutional Program Manager

☐ Commissioner

☐ Mailroom☐ Medical Administrator☒ Other (Please Specify) _____

ginnindus

GRATITUDE OFFICE

1830 Examination against Mr. Bruce English

The IERP. Has NO mention to include offenders with disabilities. As much as

① Americans with Disabilities Act of 1990 is amended (42 U.S.C. § 12101 et seq.) ②

Disability LCT (CON 851.5-1 day) @ Voc DOP 801.3 Managing Offenders with Disabilities

2 Dental reasonable Accommodations Request to Facility ADA Requesting that I Clinics provide with
-Diastibic be included in the TFRD3

The fact that I'm sporadic eligible income over my year I should be included as a M + D 1111

Disabilities and Chronic Drug Disease. Heart Conditions, Hypertension, and Diabetes. This's what VADOC agreed to.
Offender Signature Casper J. Jones Date 1/1/2020

Offender Signature Cosel F. Lucas

Date 14 June 2020

Offenders - Do Not Write Below This Line

Date Received: 6-14-2020

Tracking # HCC-20-DNF-01137

Response Due: 7-1-2020

Assigned to: S. W. Martin JPM

Action Taken/Response:

Respondent Signature

Printed Name and Title

Date _____

WITHDRAWAL OF INFORMAL COMPLAINT:

I wish to voluntarily withdraw this Informal Complaint. I understand that by withdrawing this Informal Complaint, I will not receive a response nor will I be able to file any other Informal Complaint or Grievance on this issue.

Offender Signature: _____ Date: _____

Staff Witness Signature: _____ Date: _____

Revision Date: 4/28/17

Staff witness I submit this 143. 2020 10/10/20

H.D. 



VIRGINIA DEPARTMENT OF CORRECTIONS

Grievance Receipt

866.1 A-3

DOC Location: HCC Haynesville Correctional Center

Report generated by Hand, P W

Report run on 04/13/2020 at 12:15 PM

Grievance Number: HCC-20-INF-00545Next Action Date: 04/28/2020 12:00 AM

On this date:	04/13/2020	I have received a statement from:
Lucas, Casel F	1080673	Haynesville Correctional Center
	of	HU2-A-38-B
(Offender Name and DOC#)		(Filed Location and Housing)
Setting out the following complaint:		
Lt. Dobyns - Complaint officer was not wearing a mask during count on 4-11-2020.		
(Signature)		(Title)



Informal Complaint

INSTRUCTIONS FOR FILING: Briefly write your issue in the space provided on the Informal Complaint form, preferably in ink. Only one issue per Informal Complaint. Place your complaint in the designated area at your facility. A receipt is issued within 2 working days from the date received if the informal complaint is not returned during intake. If no response is received within 15 calendar days, you may proceed in filing a regular grievance. You may utilize your receipt as evidence of your attempt to resolve your complaint. **An Informal Complaint is not required for an alleged incident of sexual abuse.**

RECEIVED

GRIEVANCE OFFICE

Offender Name: CASEL F. LUCAS Offender Number: 1080673 Housing Assignment: 2-A-38-B
 Individuals Involved in Incident: Unit Officer Date/Time of Incident: 11 April 2020 6:30 AM

- ☐ Unit Manager/Supervisor ☐ Food Service ☐ Institutional Program Manager
☐ Personal Property ☐ Commissary ☐ Mailroom
☐ Medical Administrator ☒ Other (Please Specify): Officer NOT WEARING MASK

Briefly explain the nature of your complaint (be specific):

ON 11 April 2020, The Officer During Court was asked
Why are you Masked. He said He didn't know.

NO - One Here is Sick, We can only get it from
A Staff Member.

Offender Signature: Casel F. Lucas Date: 11 April 2020

Offenders - Do Not Write Below This Line

Date Received: 4-13-2020 Tracking #: HCC-20-INT-00545
 Response Due: 4-28-2020 Assigned to: Lt Dobyns
 Action Taken/Response:

Respondent Signature: _____ Printed Name and Title: _____ Date: _____

WITHDRAWAL OF INFORMAL COMPLAINT:

I wish to voluntarily withdraw this Informal Complaint. I understand that by withdrawing this Informal Complaint, I will not receive a response nor will I be able to file any other Informal Complaint or Grievance on this issue.

Offender Signature: _____ Date: _____

Staff Witness Signature: _____ Date: _____



VIRGINIA DEPARTMENT OF CORRECTIONS

Grievance Receipt

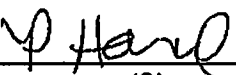
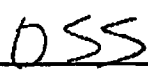
866.1 A-3

DOC Location: HCC Haynesville Correctional Center

Report generated by Hand, P W

Report run on 04/14/2020 at 10:25 AM

Grievance Number: HCC-20-INF-00585Next Action Date: 04/29/2020 12:00 AM

On this date:	04/14/2020	I have received a statement from:
Lucas, Casel F	1080673	Haynesville Correctional Center
	of	HU2-A-38-B
(Offender Name and DOC#)		(Filed Location and Housing)
Setting out the following complaint:		
Capt. White - Complaint about C/O Barns not letting him medical for breathing treatment.		
 (Signature)		 (Title)

RECEIVED
MAY - 7 2020

By: _____ Page 1 of 1
GRIEVANCE OFFICE

Rev. 03/30/2009



VIRGINIA
DEPARTMENT OF CORRECTIONS

Informal Complaint 866_F3_4-17

Informal Complaint

INSTRUCTIONS FOR FILING: Briefly write your issue in the space provided on the Informal Complaint form, preferably in ink. Only one issue per Informal Complaint. Place your complaint in the designated area at your facility. A receipt is issued within 2 working days from the date received if the informal complaint is not returned during intake. If no response is received within 15 calendar days, you may proceed in filing a regular grievance. You may utilize your receipt as evidence of your attempt to resolve your complaint.
An Informal Complaint is not required for an alleged incident of sexual abuse.

Offender Name CASEY F. LUCAS Offender Number 1080673 Housing Assignment 2-A-38-B
Individuals Involved in Incident Off BARNES Medical Admin Date/Time of Incident 13 April 2020 15:15 hrs

- ☐ Unit Manager/Supervisor ☐ Food Service ☐ Institutional Program Manager
☐ Personal Property ☐ Commissary ☐ Mailroom
☐ Medical Administrator ☒ Other (Please Specify): Off Barnes Violated the HIPAA Law

Briefly explain the nature of your complaint (be specific): On 13 April 2020 at 15:15 hrs, I requested to see Medical for a Breathing Treatment. Off Barnes called Medical and was told by Off Barnes He was busy & someone else of the Nurses. Ms Davis told Lt Doherty to call Off Barnes and was told the same thing. I was sent by Ms Davis and when I got to Medical I was being on the floor for 10 minutes. Officer Barnes did not come to the door. Ms Noel, Security Officer called him still no answer. I returned to the Build. My Breathing Treatment is not recorded under HIPAA law. Security cannot disclose my treatment, nor deny me. That is what me and my Doctor.

Offender Signature CASEY F. LUCAS 1080673 Date 13 April 2020

Offenders - Do Not Write Below This Line

Date Received: 4-14-2020Response Due: 4-29-2020

Action Taken/Response:

Tracking # HCC-20-INF-60585Assigned to: Capt White

RECEIVED
MAY - 7 2020

Respondent Signature By: GRIEVANCE OFFICE

Printed Name and Title

Date

WITHDRAWAL OF INFORMAL COMPLAINT:

I wish to voluntarily withdraw this Informal Complaint. I understand that by withdrawing this Informal Complaint, I will not receive a response nor will I be able to file any other Informal Complaint or Grievance on this issue.

Offender Signature: _____ Date: _____

Staff Witness Signature: _____ Date: _____

VIRGINIA
DEPARTMENT OF CORRECTIONS

Emergency Grievance 866_F4_4-16

Emergency Grievance

Log # 8951

Emergency Grievances are provided for offender reporting and expedited staff responses to allegations that an offender is subject to a substantial risk of imminent sexual abuse and to situations or conditions which may subject the offender to immediate risk of serious personal injury or irreparable harm.

LUCAS CASEL 1080673 HCC 2-A-38-B
Offender Last Name First Number Facility Building-Cell/Bed

PART A- OFFENDER CLAIM

What is the emergency? ON 13 April 2020 at 1515 HRS., I Requested that I go to MEDICAL for Breathing Treatment by C/P M.S. Davis. She called and spoke to NOBARS. Refused me any treatment said HE WAS PEOPLE SO WORSE THE NURSES. The H. DOBYNS also called him again He Refuse. I was sent by C/P DAVIS whom I ARRIVED at Medical. I Bumped on the door for 10 minutes. C/P DAVIS Refused to come to the door. I had C/P NOBARS call on Radio still did not come. He violated the HIPAA law. By not coming and not treating me is severely not my doctor.

13 April 2020 Date/Time 15:30HR Offender Signature and Number [Signature] 1080673

PART B- STAFF RESPONSE

(This part is to be completed and returned to the offender within eight (8) hours.)

☐ Your grievance does not meet the definition for an emergency. Action Taken/Recommended:
☐ Submit Informal Complaint ☐ Evaluated by Medical: Date Seen _____
☐ Submit Sick Call Request ☐ Send an Offender Request To: _____
☐ Submit Request to Dental ☐ Other (Provide detailed explanation below) _____

☐ Your grievance has been determined to be an emergency and the following action has been taken:
☐ Sent to Hospital: Date Transported _____ ☐ Other (Provide detailed explanation below) _____

Date/Time	Respondent Signature	Name/Title Printed
<input type="checkbox"/> PREA - Alleged incident of sexual abuse or sexual harassment; Shift Commander, Facility Unit Head or Administrative Duty Officer, and facility PREA Compliance Manager notified		
Alleged sexual abuse or sexual harassment <input type="checkbox"/> Will be referred for Investigation		

Determination by: _____
Signature Name/Title Printed Date/Time

Distribution: Original Grievance returned to Offender, Copy forwarded to Institutional Ombudsman/Grievance Coordinator

[Detach here]

PART C- RECEIPT

Log #: 8951

LUCAS CASEL 1080673 HCC 2A-38B
Offender Last Name First Number Facility Building-Cell/Bed

I acknowledge receipt of this complaint from the above offender. (Complete and issue to offender if taking from his/her presence for response.)

4/13/2020 1535 [Signature] D Wright T/D
Date/Time Recipient's Signature (Staff Member) Name/Title Printed



VIRGINIA DEPARTMENT OF CORRECTIONS

Grievance Receipt



866.1 A-3

DOC Location: HCC Haynesville Correctional Center

Report generated by Hand, P W

Report run on 06/24/2020 at 09:58 AM

Grievance Number: HCC-20-INF-01191Next Action Date: 07/09/2020 12:00 AM

On this date:	06/24/2020	I have received a statement from:
Lucas, Casel F	1080673	Haynesville Correctional Center
	of	HU2-A-38-B
(Offender Name and DOC#)		(Filed Location and Housing)
Setting out the following complaint:		
R Brown, IO - Ombudsman violations of the stipulated settlement agreement COVID19 Whorley v Northam.		
		
(Signature)		(Title)

RECEIVED

VIRGINIA
DEPARTMENT OF CORRECTIONS

JUN 24 2020

Informal Complaint 866_F3_4-17

By: GRIEVANCE OFFICE
Informal Complaint

INSTRUCTIONS FOR FILING: Briefly write your issue in the space provided on the Informal Complaint form, preferably in ink. Only one issue per Informal Complaint. Place your complaint in the designated area at your facility. A receipt is issued within 2 working days from the date received if the informal complaint is not returned during intake. If no response is received within 15 calendar days, you may proceed in filing a regular grievance. You may utilize your receipt as evidence of your attempt to resolve your complaint.

An Informal Complaint is not required for an alleged incident of sexual abuse.

Casey F. Lucas

1080673

2-A-BB-B

Offender Name

Offender Number

Housing Assignment

Ombudsman AB Brown

Individuals Involved in Incident

April 2020, Kelly Brown, Jan 2020

Date Time of Incident

- ☐ Unit Manager/Supervisor
☐ Personal Property
☐ Medical Administrator

- ☐ Food Service
☐ Commissary
☐ Other (Please Specify):

- ☐ Institutional Program Manager
☐ Mailroom

Briefly explain the nature of your complaint (be specific). Ombudsman Violations of the Stated Settlement Agreement COVID 19 Whorley et al v. Northern et al Case No. 3:20-cv-00255 pg. 4 (C)
Defendants agree to provide written evidence to grievance coordinators at VCC facilities. Relating to
grievances related to COVID 19 is will regards to abide by COVID 19 Related policies, and Protocols.
This was not followed with these grievances HCC-20-INF-00585, HCC-20-INF-00559,
HCC 20-INF-00706, HCC-20-INF-00945 these grievances are all COVID 19 Related
Policy & Protocols. All denied intake because they violated the Safety & Health of myself, staff, and all inmates
this is the second informal complaint I have filed on this. NO receipt given on these 4 grievances.

Offender Signature

Casey F. Lucas

Date

22 June 2020

Offenders - Do Not Write Below This Line

Date Received: 6-24-2020

Tracking # HCC-20-DNF-01191

Response Due: 7-9-2020

Assigned to: R Brown TO

Action Taken/Response:

Respondent Signature

Printed Name and Title

Date

WITHDRAWAL OF INFORMAL COMPLAINT:

I wish to voluntarily withdraw this Informal Complaint. I understand that by withdrawing this Informal Complaint, I will not receive a response nor will I be able to file any other Informal Complaint or Grievance on this issue.

Offender Signature: _____

Date: _____

Staff Witness Signature: _____

Date: _____

Witnessed by staff submitted to Ombudsman institutional mail This is my second...
 Revision Date: 4/28/17



VIRGINIA DEPARTMENT OF CORRECTIONS

Grievance Receipt

866.1 A-3

DOC Location: HCC Haynesville Correctional Center

Report generated by Hand, P W

Report run on 04/13/2020 at 12:15 PM

Grievance Number: HCC-20-INF-00545Next Action Date: 04/28/2020 12:00 AM

On this date:	04/13/2020	I have received a statement from:
Lucas, Casel F	1080673	Haynesville Correctional Center
	of	HU2-A-38-B
(Offender Name and DOC#)		(Filed Location and Housing)
Setting out the following complaint:		
Lt. Dobyns - Complaint officer was not wearing a mask during count on 4-11-2020.		
(Signature)		(Title)



VIRGINIA

DEPARTMENT OF CORRECTIONS

Informal Complaint 866_F3_4-17

Informal Complaint

RECEIVED

INSTRUCTIONS FOR FILING: Briefly write your issue in the space provided on the Informal Complaint form, preferably in ink. Only one issue per Informal Complaint. Place your complaint in the designated area at your facility. A receipt is issued within 2 working days from the date received if the informal complaint is not returned during intake. If no response is received within 15 calendar days, you may proceed in filing a regular grievance. You may utilize your receipt as evidence of your attempt to resolve your complaint. An Informal Complaint is not required for an alleged incident of sexual abuse.

By: GRIEVANCE OFFICE

CASEL F. LUCAS 1080673 2-A-38-B
 Offender Name Offender Number Housing Assignment
 Unit Officer 11 April 2020 1:30 AM
 Individuals Involved in Incident Date/Time of Incident

- ☐ Unit Manager/Supervisor ☐ Food Service ☐ Institutional Program Manager
☐ Personal Property ☐ Commissary ☐ Mailroom
☐ Medical Administrator ☒ Other (Please Specify): OFFICER NOT WEARING MASK

Briefly explain the nature of your complaint (be specific):

ON 11 April 2020, The Officer Aury Court was asked why are you Mask. He said He didn't know.

NO - One Here is Sick, WE can only get it from A Staff Member.

Offender Signature Casel F. Lucas Date 11 April 2020

Offenders - Do Not Write Below This Line

Date Received: 4-13-2020 Tracking # HCC-20-INT-00545
 Response Due: 4-28-2020 Assigned to: Lt Dobyns
 Action Taken/Response:

Respondent Signature Printed Name and Title Date

WITHDRAWAL OF INFORMAL COMPLAINT:

I wish to voluntarily withdraw this Informal Complaint. I understand that by withdrawing this Informal Complaint, I will not receive a response nor will I be able to file any other Informal Complaint or Grievance on this issue.

Offender Signature: Date:

Staff Witness Signature: Date:

CAROL F. LUCAS
VSP# 1080673
Lost Claim

Non Compliance of Attributed Statement
Exhibits

Exhibit

#

16

Appeal To Americans with
Disabilities Act Coordinator B. MARANO
Reasonable Accommodation Request Denial

(6) ~~Knees~~ Degenerative Joint Disease of Both Knees & Ankles.
 I am issued Knee Braces with metal rods on both sides.
 I am issued Ankle Braces to prevent me from damaging my Ankles
 and Joints. I am issued a Walking Cane for added support and mobility.
 There are all inquiries from my Military Service
 that issued special needs and Arch Supports; Bottom Bank Profile.
 in the DOP 801.3 Procedure T8.3 Part E ADA Coordinator #1
 A+B.

Reg. 4 Part II offenders with Disabilities (b) Facility staff must ensure
 that an individual with Disabilities will not be excluded from Participation
 in or denied the benefits of Services, Programs, or Activities of the
 Facility, or be subjected to Discrimination.

Reg. 8 Part VI Durable Medical Equipment; Disability AIDS, and Prostheses A+B.
 Page 8 Part VII offender Services (A) Accommodation will be provided to access
 and fully participate in the Programs and Services.

On Part VI Page 8 has been given to me, my Braces for Knees, Ankles,
 and a cane, and Ankle, Arch Supports and a Medical Bottom Bank Profile.
 No one has addressed my Accommodation, into I ERP. I was
 told to file an I ERP Appeal with the Warden by the Counselor.
 How come ADA Coordinator Mr. Everhard Miss All of these
 Basic Rules of Managing offenders with Disabilities. I filed a
 Reasonable Accommodation Request and knew this would happen. NO-ONE
 would address my Reasonable Accommodation Request that inmates
 with Disabilities were Excluded from the language of The I ERP
 when brought to the attention of the Executive Coordinator, Warden
 and Coordinator of has been brushed off, Ignored, and told I am wrong
 you don't know what you are taking about etc. I am not wrong I am wrong
 Done exactly as instructed by DOP 801.3. Yet the Discrimination
 persists and continues to be made.

3) I wrote to you when I first ~~sent~~ sent the Accommodations Request. I then informed you about what would happen and that has come to pass.

Now I am asking you to address these violations of the VDOC Pop 801.3 Managing offenders with Disabilities, Americans with Disabilities Act, and the Virginia with Disability Act.

I am not wrong and will not accept being treated so adversely by an ~~State~~ Government Employee of the Commonwealth of Virginia. It is completely illegal this blatant acts of Discrimination by these Virginia Dept. of Corrections employees.

I ask that you immediately intervene on my behalf. And immediately Grant my Accommodations Request of IERP and be granted approval for Early Release of COVID19 Declaration and The Stipulated Settlement Agreement in Whorley et al v. Northam et al.

§ 8.2 Part ii (d) Under the Early Release Plan, VDOC is also considering an individuals Health Condition. This has not been done in my case. Case no: 3:20 cv 00255

§ 8.4 of the Agreement b.v.c. Conditional Release I filed one under COVID19. On 5 June 2020 No Acknowledgement of RECEIVING this Petition by the Secretary of the Commonwealth.

(c.) I am the Executive Coordinator who filed to abide by this Agreement of Whorley v. Northam.

My concerns are unequivocally to benefit my own purpose. I have no intentions of including anyone else nor will

I help another woman to the same. The last time
 I thought to help other people. I was denied for 20 years
 the very injuries I suffered for my service in the military in
 the Middle East. Thank you for your service is an insult to me personally.
 especially if it does not come from a fellow veteran or service members families.
 I am shared every single day the thanks for my service in Somalia, Djibouti,
 Iraq, and Kuwait. Therefore being for myself I am only concerned for me.
 Because again no one who wrote that I ERP thought
 to include the language to include me as myself with disabilities.
 This directly affects me, it directly discriminates against me a
 Disabled Combat Veteran Honorably Discharged from the U.S. Army.
 Please Address my concerns as soon as possible.
 I am Parole Eligible 23 Dec. 2021 is my 1st Parole Hearing
 A Early Hearing under I ERP would be accepted as inclusion
 in I ERP and that would resolve this issue. On the
 Status Quo can continue and we go through the motions
 of the Eviction Procedure, Tort Claim, 1983, and so on. I am
 a Reasonable Man with a higher than average level of intelligence.
 Again we can negotiate a Reasonable Settlement that will satisfy these
 individual for above your Pay Grade. Without having me released, so can even stay & HCC
 there is Work Release & Even CADRE Position that would
 be acceptable to the Veterans Affairs for the purpose of me getting my
 full benefits issued. I am still in the custody of VADOC & I am
 however, working a real job. Paying my court cost & fines and preparing myself
 a substantial savings to ensure my success upon my release from prison.
 This is my goal & I will achieve this goal for myself.
 I thank you in advance, I eagerly await your response and action.

Sincerely,
 Carol F. Lucas

hence working at the Warehouse as a Stock Clerk or Order
filler loading and unloading Trucks. This is a simple solution to
a very complex problem.

I have enclosed the form to be completed
a copy of the ...

Send a copy of the Completed form to ME and One Copy the Original
To the Dept of Veterans Affairs 210 Franklin Pk

The CADRE Program is effectively a WAREHOUSE program, I am working outside of
the Security Perimeter of the Institution in a Warehouse doing a Fork Lift
and other equipment to complete the job as a Truck Unloader. I work on
Warehouse Clerk without having a Corrections Officer Job over me quarterly
me with a Fine Arm. That is what the CADRE workers in the
WAREHOUSE Here at HCC DO. This is again an EASY solution to
The Complex Problem that is before you today. The Warden must agree to
The CADRE Position in the Warehouse. I do not want to hear you don't
Qualify due to Current Crimes or Past Criminal History. Per DOP

P.S. 4 Part D CADRE Assignments Transfers with
22 years since my conviction.

(2) [unclear] of Veterans Affairs 210 Franklin Rd. S.W., Rome GA. 30401

One Copy the Original

TS, 4 Part D CURE Assignments Transfers within the last 10 yrs. it has been
22 years since my conviction and 5 year Sentence for Alcohol Abuse.
(2) Eligibility Criteria - Pg. 18 (L) part 7 eligibility criteria (A) iv + v I meet both
Criteria as you can see following the Policy of the Dept. of Corrections. I am now a Security
Employee at this institution in the Level 1 inmate with 6 Security Pts. as of today. Rather than April 2020.
Mr. Ronka DO An interim Review of my classification. I am now a Security
Level 1 Inmate with 6 Security Pts. as of today. Rather than April 2020.
See the Request forms + Evidence. we tell you we Am within this Criteria as am.
Yourself does not Respect this Policy on 801.3. They did I would
Not be bring this to you because I would have everything I requested.
Per Policy supports my Position.
The Easy solution To A Very Complicated Problem.

The EASY solution to a Very Complex Problem. State Wide this is a Nightmare to solve and extremely problematic and Burdensome. Which I have no interest in. What I am requesting is Very Reasonable Double and Legal and it keeps me Incarcerated with No Health. I want your Response. Please acknowledge this has to do with No Health.

VA State Bar

Deliberate
Indifference

Wreckless

Endangerment

for Claim

NOTICE OF CLAIM
Pursuant to Virginia Code §8.01-195.6

CERTIFIED MAIL – RETURN RECEIPT

TO:

Attorney General of the Commonwealth of Virginia
900 East Main Street
Richmond, Virginia 23219

Director
Department of General Services
Division of Risk Management
109 Governor Street, 4th Floor
James Madison Building

Re: Claimant: CASEL F. LUCAS

Date of Injury: 13 April 2020

Place of Injury: Virginia Dept of Corrections Haynesville Correctional Center

To Whom It May Concern:

The Purpose of this correspondence is to make claim against the Commonwealth of Virginia and its departments or agencies and their responsible employees in regards to the damages and injuries as set forth in the accompanying Notice of Tort Claim Against the Commonwealth.

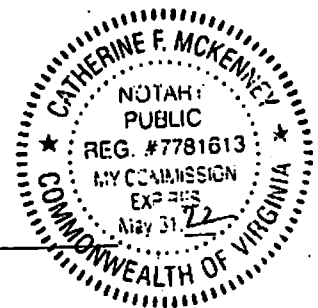
Please acknowledge receipt of this Notice and apprise me of your position in this matter.

Respectfully yours,

Date: 23 Sep 2020

Casel F Lucas

Inmate# 1060073
Haynesville Correctional Center
Post Office Box 129
Haynesville, Virginia 22472



County/City of Richmond; Commonwealth of Virginia
The foregoing instrument was subscribed and sworn before me this

23 day of June, 20 20

Casel F Lucas
(Name of person seeking acknowledgement)

Catherine F McKenney
Notary Public

My Commission expires: 5-31-22
Notary Reg. No. 7781613

3. The date and location of the injury giving rise to this cause of action are:

Location: Haynesville Correctional Center Virginia Dept of Corrections
Lungs, Heart, and Mental Injuries

Date: 13 April 2020

Deliberate Indifference
Wreckless
Endangerment

4. The nature of this claim and injury or damage is described as follows:

Correctional Officer BARNES Denied me Critical Chronic Care Treatment.
I have sustained Aggravation to the Military Disabilities that are
Service Connected at VA Disability Rating Schedule for 1) Recurrent
Upper Respiratory Infections, 2) My Heart has Suffered Greatly Because
of the Strain and Stress of my Breathing and Respiratory Distress
has caused the Right Side of My Heart to leak and Regulate Blood
Making my Heart Swell inside my Chest and My Hypertension go out of Control
When I am having Sleepy Spells where as I cannot get out of bed because of
my Service Connected PTSD which I suffer Extreme Anxiety as a Result
of the Trauma I had to endure by fighting Terrorist was aggravated by
Correctional Officer Barnes when He Denied my my Scheduled Chronic
Care Treatment on the Breathing Machine and Nebulizer. C/O Barnes
Did not Consult Medical Staff, C/O Barnes made this decision on his
Own Violating the Virginia Dept of Corrections Operating Procedure 801.3
Managing Offenders with Disabilities Page 3, 4, 6 under Procedures II A. P. C.
Staff must ensure that no individual dependent on a physical disability (conditions of service)
provided by the facility. Staff ensure that individual with disabilities will not be excluded
from participation, in, or be denied the benefits of services, Reasonable accommodations must be
Made for offenders as Required Americans with Disabilities Act of 1990, as amended
(42 U.S.C. 36101 et seq.) and the Virginians with Disabilities Act (COV § 51-5-1 et seq.)

Part III Determination of Disability and Reasonable Accommodations C. 2a Under No Circumstances

will a NDA- Health Care Provider Substitute their Judgment for that of a
Health Care provider where an accommodation needed to address a physical or mental
Disability has been prescribe. C/O Barnes did Exactly this when He Denied me
my Scheduled Chronic Care Breathing Treat on the Nebulizer Machine - continued

5. The State Agency or Agencies averred to be liable are:

Next page.

Case 3:20-cv-00255-HEH Document 56-2
 VSP# 1080673
 Attachment continuation
 Off. Claim. Part 4.

On 13 April 2020, I Comrade Casel F. Lucas began to have breathing difficulties so I used the 3 different Rescue Inhalers that I am prescribe also keep on Person Medication. I did not Receive any Relief from the 3 different Inhalers. I immediately went to the Control Booth to Inform the officer at that time C/o Ms. Davis older African American was the officer. She called the Medical officer to Inform him I needed to access my Reasonable Accommodation Prescribe by The Doctor to Get the Chronic Care Treatment of the Breathing Nebulizer Machine. This entire time I was gasping and wheezing thinking I'm going to die. C/o Burns said no He's to busy I do are the Nurses. C/o Ms. Davis then advised me she and I went into the Ht. Dobyns office. Ht. Dobyns call C/o Burns the Medical officer He repeated the same thing He's to busy I do are the Nurses. Ht. Dobyns informed him He cannot do that and He was sending me over there immediately. I went to Medical and C/o Burns refused to answer my question To Get me In for the Breathing Treatment, I waited 20 minutes struggling to Breathe the entire time. I made it back to the room and quickly filled out a Emergency Grievance I gave it to Ht. Dobyns He gave it to the Blvd. officer who took it to Medical. I have later I am at Medical getting my Breathing Treatment. C/o Burns says you are here now take this and do what you want with it and He gives me Back the Unanswered Emergency grievance. Medical Nurse Ms. Reid was there and witnessed this. I did my treatment took my Unanswered Emergency Grievance left Medical. I then filed an Informal Complaint and Grievance. The Grievance Coordinator Ms. Brown never interviewed my staff. Witnesses Ms. Davis, Ht. Dobyns, Officer Wright and Sgt. Bullocky Supervisor Ht. Dobyns

Document 562 File
Cabel F. Lucas
VSP# 1080673
ALL

Statement of Continuation
of Claim.

I was interviewed by Lt. Raderbaugh in Lt. Dobyns office while Lt. Dobyns was present. When I repeated the events to Lt. Raderbaugh he refused to ask Lt. Dobyns any questions. He also did not interview staff witness C/O M. Davis, nor Treatment Officer Wright. He said to me that the reason I was denied access to Medical and the Breathing Treatment is because other inmates from another building were inside. I looked through the Medical Door window. No inmates came out in the waiting area or in any of the offices. Nor did the Medical Exit Doors. I appealed my level 1 response of denial to Regional Again I informed them no one interview my staff witness C/O M. Davis, Treatment Officer C/O Wright, and Building Supervisor Lt. Dobyns.

① The Ombudsman M. Brown, ② Lt. Raderbaugh, ③ Warden Finkie Hoke, ④ Regional Ombudsman K. Cooky, ⑤ Health Services Director. All refused to not only interview my staff witnesses. There is no mention of the inmates of the Inmate Responses. They conspired to cover up the officers C/O Barnes reckless behavior that violated General D.O.C. Policies to include state laws of disabled persons Virginia with Disabilities Act 51.5- Federal Americans with Disabilities Act of 1990 as amended 42 U.S.C. 12101 et seq. and Dept. of Correction Operation Procedure 801.3 Managing Orders with Disabilities.

Make no mistake I am a service connected 100% disabled combat veteran with service connect chronic lung disabilities from exposure to chemical weapons during the Persian Gulf War at a chemical weapons arms facility in Khamsayh Iraq weapons depot of Saddam Hussein. See Attachments a and b documents. I am not wrong I am not lying. I am

Carol V. Lyons
VSP # 1000673
Statement Continuation
Tort Claim.

Entitled Under the Protections of Dept of Correction Operating Procedure 801.3
Managing offenders with Disabilities.

I am Entitled to the Protections of the State of Virginia with Disabilities Act
COV § 51.5-1 et seq.

I am Entitled to the Protections of Federal Law Americans with Disabilities Act
of 1990 also amended 42 U.S.C. § 12101 et seq.

All of which have been Violated by Co Burns, Umbudsman Ms. Brown,
Lt. R. D. Brough, Warden Hicks Waymerville, Regional Umbudsman K. Cosby, Health
Services Director WDOC.

The Investigations of Staff Witness Lt. Dobyns, Co Burns, Lt. Treatment Officer Wright
Must be Done They witness everything I have signed my Emergency Evacuation
Receipt. He is the One I gave it to. I have signed it.

If I Do not Receive acknowledgment of the Division of Prison
Management Possession of Investigation of my Tort Claim I will go to Court
and seek a Motion of Summary Judgment and a Motion of Discovery
to get the staff witness Deposed Statements.

I will not stop until I have some type of Justice. I almost died
and all of my Chronic Lung Disabilities that I receive a VA Pension for
were extremely aggravated to a worsened state increasing the damage to
my lungs and causing my current heart condition of Blood Regurgitating
into my heart making it swell up.

I will not stop I promise you this Therefore make a settlement offer.

Case F. Lucas
VSP# 1080673
Int Claim Continuation
Statement

Part II

Food Service Contamination During Lunch and Dinner Meals

On 24 April 2020, I Case F. Lucas witnessed Infected COVID 19 Positive inmates enter the Food Service Kitchen Area While The Lunch meal was Being Prepared to Receive ~~Examinations~~ Examinations Treatment and Testing. This continued During the Dinner meal was being Prepared & served to Population of inmates of ~~these~~ Doctors and Health Care Staff Treating, Testing, and Examining These COVID 19 Positive Inmates Looking Through The Kitchen Door Window that is to Lockdown Medical Room when I was Returning to my dorm after my Chronic Care Lung Treatment on The Nebulizer Breathing Machine. I returned to my dorm and informed the entire dorm that there is a Risk to our Health and Safety because they have Infected Inmate in the kitchen ~~being~~ being tested, treated, examined. This was at 11:30 am. I had to Refuse the Group to go to the entire dorm. When the ~~dinner~~ meal was served I Refused to because of possible Contamination. So did the entire dorm. WE ALL myself Included Watched 75 inmates from 6 Building Return to Their dorm and an entire Decontamination Team Entered Food Service in White Tyvek Suits, + Masks with Oxygen Hoses Decontaminate the Food Service at 8 PM After all of the Meals for Lunch and Dinner was served to Population. I was Force to Not Eat because of the Wreckless Endangerment Food Service. Medical Staff and Security Staff

783

Case 4:19-cv-01015
VSP# 1080673
Continuation of Plaintiff
Tort Claim

Allowed Contaminated Innards Into food Service While the
Lunch and Dinner Meals were being cooked and food
being put into styrofoam trays for consumption of General Population
This Violates DOC Policy of Food Service, Local Health Dept. Codes Laws & Regulations,
Federal Food Safety Laws & Regulations, and All of the ServSafe
Rules and Regulations.

This reckless act endangered my life and Well Being, with All of
my Chronic Medical Issues and Disabilities I am at the Highest
of the Highest at Risk Person for COVID 19 to Kill.
Chronic Multiple Drug Disabilities Asthma, Severe Shortness of Breath, Diarrhea,
Chronic Bronchitis, Heart Conditions, Diabetes, Hypertension etc.

It was torture by having to Refuse 2 Meals because of Contamination
Should I Catch COVID 19 I have a 95% Death Rate. That is completely
True Therefore No meal causing my Anxiety to the extreme causing my
Hypertension & Heart Problems to be aggravated into a worsen state
I Reported All of This to the ADOC COVID 19 Hotline.

Adding Injury to my Service Connected PTSD & Extreme Anxiety
to add I take ATARX Medication for anxiety. Adding More Injury to my
Heart Conditions Anxiety & Stress has made my Right Side of my Heart
Plead back into my Heart. All of this from COVID 19
Denying me my Chronic Care Breathing Treatment causing Severe
to ~~allow~~ Allow my food to be contaminated causing Severe
PTSD, Anxiety, and Fear causing my Mental Health to completely be
Unmanageable and Deteriorate.
Therefore I filed Exemptions and New Tort Claim. I REQUEST A Immediate Settlement.

Commonwealth of Virginia
Virginia Dept. of Homeland Security
Virginia Dept. of Corrections
Haynesville Correctional Center

6. Pursuant to §8.01-195.5, Code of Virginia, 1950, as amended, the Commonwealth of Virginia has six (6) months to seek settlement of this claim, upon expiration of which, without a settlement being reached, this matter shall be ripe for the Claimant to seek judgment against the above-named defendant(s) in the appropriate State court.

WHEREFORE, TAKE NOTICE that the Claimant will seek judgment in the amount of \$ 1,000,000.00, against the defendant(s), or such amount as may be agreed on by the parties, in settlement of this claim.

Date: 23 June 2020

Carey H. Miller

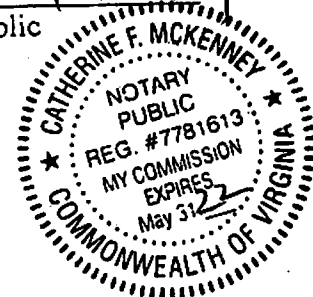
Inmate Number 1080073
Haynesville correctional Center
Post Office box 129
Haynesville, Virginia 22472

STATE OF VIRGINIA
COUNTY OF RICHMOND

Subscribed and sworn to before me this 23rd day of June, 2020.

Catherine F. McKenney
Notary Public

My Commission Expires: 5-31-22



VIRGINIA:

IN THE OFFICE OF THE ATTORNEY GENERAL

CABEL F. LUCAS, # 1080673,
(Name and Inmate Number)
Claimant,

CERTIFIED MAIL
RETURN RECEIPT
REQUESTED.

v.

COMMONWEALTH OF VIRGINIA, and

Virginia Dept. of Homeland Security Atty. Gen. Brian Moran
Virginia Dept. of Corrections Dir. Mr. H. Clarke
Haynesville Correctional Center Warden

Defendant.

AFFIDAVIT

STATE OF VIRGINIA,
COUNTY OF RICHMOND, to wit:

CABEL FRANK LUCAS, being first duly sworn according to
law, deposes and states:

1. That he is the Claimant in the above-entitled matter and who is currently incarcerated at the Haynesville Correctional Center, 650 Barnsfield Road, Post Office Box 129, Haynesville, Virginia 22472.
2. That he has submitted herewith his Notice of Tort Claim Against the Commonwealth in connection with the certain injuries and damages incurred while he was in the custody and care of the Department of Corrections/Commonwealth of

Virginia, as a result of the alleged negligence of one or more agents of the Commonwealth of Virginia.

3. That he has attempted to resolve this matter by way of the adult institutional inmate complaint/grievance procedures promulgated by the Virginia Department of Corrections, having initiated the administrative grievance process on the 13 day of April, 2020; and that he filed his last grievance appeal on the 28 day of August, 2020, without receiving the requested relief or otherwise resolving this matter;

4. That he has attached hereto as enclosures, copies of all complaints/requests, grievances and appeals filed in connection with the incident herein stated as giving rise to this Tort Claim Against the Commonwealth of Virginia and its agent(s).

I declare under penalty of perjury that the foregoing statement is true and correct to the best of my knowledge and belief.

Date: 23 June 2020

Cosel Y. Shua

Claimant

STATE OF VIRGINIA
COUNTY OF RICHMOND

Subscribed and sworn to before me this 23rd day of June, 2020.

Catherine F. McKenney
Notary Public

My Commission Expires:

5-31-22

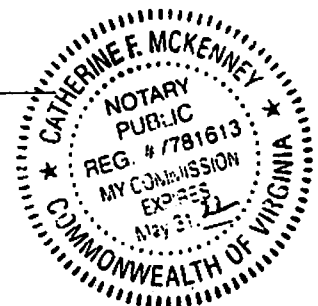


Exhibit 1
VOP# 1030673
For Claim

Deliberate Indifference, Needless Endangerment
of Contaminating the Food Service Area during
Lunch and Dinner meals Preparation & Served to Population

Exhibit
Table of Contents



- 1.) Evidence
- 2.) HCC-20-RETA-00046 ^{Glenn David Medical}
~~Resident~~
- 3.) HCC-20-RETA-00046 Appeal Regional
- 4.) Complaint To L.M. Brown Specialist VADOC
- 5.) Complaint Appeal K. Cooky Regional Outpatient
- 6.) Dept. of Corrections Operating Policy
801.3 Managing offenders with Disabilities
- 7.) U.S. Dept. of Veterans Affairs
Service Connected Disabilities
- 8.) VADOC medical Treatment Records
of Chronic Care Illnesses, Diseases,
and Military Disabilities Treatment in VADOC
- 9.) Evidence HCC-20-Inf-00706
David

Cheryl F. Wachs

VOIP # 4080673

Food Claim

Deliberate Indifference, Negligent Endangerment
of Contaminating The Food Service Area
During Sunday Dinner Preparation.

Exhibit 18

~~Exhibit 18~~

Exhibit

~~18~~

1

Lorraine

Alcega Reg. OOHLE

c/o ERAS Relief of my Chronic Core Breathing Treatment

866.1 A-7

Report generated by HR

Offender Grievance Response - Level II

RECEIVED
SEP - 4 2020

By: GRIEVANCE OFFICE



VIRGINIA
DEPARTMENT OF CORRECTIONS

Informal Complaint 866_F3_4-17

Informal Complaint

INSTRUCTIONS FOR FILING: Briefly write your issue in the space provided on the Informal Complaint form, preferably in ink. Only one issue per Informal Complaint. Place your complaint in the designated area at your facility. A receipt is issued within 2 working days from the date received if the informal complaint is not returned during intake. If no response is received within 15 calendar days, you may proceed in filing a regular grievance. You may utilize your receipt as evidence of your attempt to resolve your complaint.

An Informal Complaint is not required for an alleged incident of sexual abuse.

Offender Name: CASEY, Y. LUCAS Offender Number: 1080673 Housing Assignment: 2-A-38-B
Individuals Involved in Incident: C/O BARNES Medical Admin. Date/Time of Incident: 13 April 2020 1515 HRS.

- ☐ Unit Manager/Supervisor ☐ Food Service ☐ Institutional Program Manager
☐ Personal Property ☐ Commissary ☐ Mailroom
☒ Medical Administrator ☒ Other (Please Specify): C/O Barnes Violated the HIPAA Law

Briefly explain the nature of your complaint (be specific): ON 13 April 2020 at 1515 HRS. I Requested to See Medical for a Breathing Treatment. C/O Ms. Davis called Medical and was told by C/O Barnes He was Busy & Alone. All of the Nurses, Ms. Davis told Lt. Dobson to call C/O Barnes and was told the same thing. I was sent by Ms. Davis and when I got to Medical I sat down on the floor for 10 minutes. C/O Barnes Did not come to the door. Ms. Noel, Registry Officer called him still no answer. I returned to the Build. My Breathing Treatment is not prescribed Under HIPAA Law. Security cannot Disturb my treatment, Now deny me. That is Retain me and my Doctor.

Offender Signature: Cas Y. Lucas Date: 13 April 2020

Offenders - Do Not Write Below This Line

Date Received: 4-14-2020

Response Due: 4-29-2020

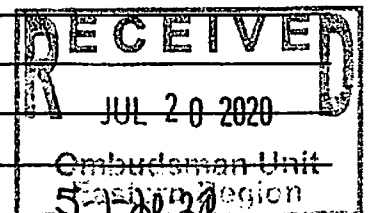
Action Taken/Response:

Tracking # HCC-20-INF-00585

Assigned to: Capt White LT Radabaugh

Medical had other offenders from another building at that time.

RECEIVED
MAY - 8 2020



Respondent Signature: LT Radabaugh

By: GRIEVANCE OFFICE Printed Name and Title: LT Radabaugh

Date: 5-1-2020

WITHDRAWAL OF INFORMAL COMPLAINT:

I wish to voluntarily withdraw this Informal Complaint. I understand that by withdrawing this Informal Complaint, I will not receive a response nor will I be able to file any other Informal Complaint or Grievance on this issue.

Offender Signature: _____ Date: HCC-20-Reg-00046

Staff Witness Signature: _____ Date: _____



VIRGINIA

DEPARTMENT OF CORRECTIONS

Emergency Grievance 866_F4_4-16

Emergency Grievance

Log # 8951

Emergency Grievances are provided for offender reporting and expedited staff responses to allegations that an offender is subject to a substantial risk of imminent sexual abuse and to situations or conditions which may subject the offender to immediate risk of serious personal injury or irreparable harm.

LUCAS CASEL 1080673 HCC 2-A-38-B
Offender Last Name First Number Facility Building-Cell/Bed

PART A- OFFENDER CLAIM

What is the emergency? On 13 April 2020 at 1515 hrs., I requested that I go to MEDICAL for Breathing Treatment by C/P Ms. Davis. She called and spoke to C/P BARNES. Refused me my treatment said HE WAS BUSY SO WERE THE NURSES. The H. DOBYNIS also called him again He Refuse. I was sent by C/P DAVIS whom I ARRIVED at Medical. I Pumped on the tube for 10 minutes. C/P BARNES Refused to come to the tube. I had C/P NICKS call on Radio still did not come. We violated the HIPAA law. Not stating my friends my treatment logs is severely not my doctor.

13 April 2020 Date/Time 15:30HR C/P Davis 1080673

PART B- STAFF RESPONSE

(This part is to be completed and returned to the offender within eight (8) hours.)

☐ Your grievance does not meet the definition for an emergency. Action Taken/Recommended:

☐ Submit Informal Complaint ☐ Evaluated by Medical: Date Seen _____

☐ Submit Sick Call Request ☐ Send an Offender Request To: _____

☐ Submit Request to Dental ☐ Other (Provide detailed explanation below) _____

☐ Your grievance has been determined to be an emergency and the following action has been taken:

☐ Sent to Hospital: Date Transported _____ ☐ Other (Provide detailed explanation below) _____

RECEIVED

MAY - 7 2020

Date/Time Respondent Signature Name/Title Printed

☐ PREA - Alleged incident of sexual abuse or sexual harassment; Shift Commander, Facility, Unit Head or Administrative Duty Officer, and facility PREA Compliance Manager notified

Alleged sexual abuse or sexual harassment ☐ Will be referred for Investigation

Ombudsman Unit
Eastern Region

Determination by: _____

Signature Name/Title Printed Date/Time

Distribution: Original Grievance returned to Offender, Copy forwarded to Institutional Ombudsman/Grievance Coordinator
[Detach here]

PART C- RECEIPT

Log #: 8951

LUCAS CASEL 1080673 HCC 2A-38B
Offender Last Name First Number Facility Building-Cell/Bed

I acknowledge receipt of this complaint from the above offender. [Complete and issue to offender if taking from his/her presence for response.]

4/13/2020 1535 [Signature] 2414 D Wright T/D
Date/Time Recipient's Signature (Staff Member) Name/Title Printed

HCC-20-REG-000476 Date: 4/25/16



COMMONWEALTH OF VIRGINIA

Department of Corrections

Gregory L. Holloway
Regional Operations Chief

Division of Operations
Eastern Region

14545 Old Belfield Rd
Capron, VA 23829
(434) 658-4368

July 22, 2020

C. Lucas 1080673
Haynesville Correctional Center
PO Box 129
Haynesville, Virginia 22472

Dear C. Lucas:

This letter comes to advise you that your appeal package to Grievance Log # HCC-20-REG-00046 has been forwarded to the Office of Health Services in Richmond, Virginia for review and response. Operating Procedure 866.1, Offender Grievance Procedure, states that grievances relating to medical, dental, and mental health care are reviewed and responded to by the Director of Health Services.

The response time limit will commence upon their receipt of your appeal package. However, it was noted that accurate appeal instructions were not given to you by institutional staff. The receipt of your appeal package by Health Services will be at their discretion.

Sincerely,

A handwritten signature in black ink, appearing to read "K. Cosby".

K. Cosby, Regional Ombudsman
Eastern Regional Office

/kwc

cc: ☒ Office of Health Services w/original attachments
File

RECEIVED

JUL 30 2020

OFFICE OF HEALTH SERVICES



VIRGINIA DEPARTMENT OF CORRECTIONS

Grievance Continuance Receipt

866.1 TBD

DOC Location: HCC Haynesville Correctional Center

Report generated by Brown, R T

Report run on 06/05/2020 at 09:24 AM

Grievance Number: HCC-20-REG-00046Next Action Date: 07/05/2020 12:00 AM

Continuance

Level	Due Date	Reason	By
1	07/05/2020	Awaiting information	Brown, Rose T
2			
3			

On this date: 05/08/2020 I have received a statement from:Lucas, Casel F1080673

of

Haynesville Correctional Center

(Offender Name and DOC#)

HU2-A-38-B

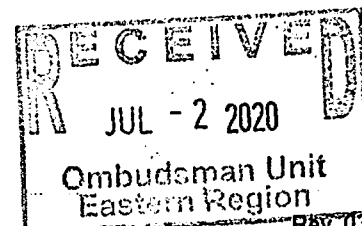
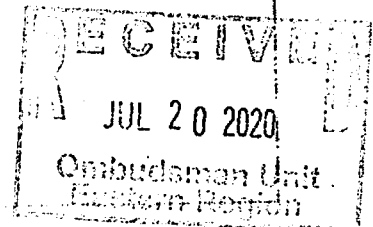
(Filed Location and Housing)

Setting out the following complaint:

He states that C/O Barnes violated HIPPA laws when he denied him the right to a breathing treatment.

(Signature)

(Title)



VIRGINIA
DEPARTMENT OF CORRECTIONS

Regular Grievance 866_FI_4-17

RECEIVED

REGULAR GRIEVANCE

Log Number: _____

MAY 1 - 2020

GRIEVANCE OFFICE

By: CAGEL F. LUCAS

Name, First

1080673

Number

2-A-38B

Building

2-A-38-B

Cell/Bed Number

C/O BARNES

Individuals Involved in Incident

13 April 2020 15:15 Hrs

Date/ Time of Incident

IS YOUR COMPLAINT? (Provide information from the informal process: Attach Informal Complaint response or documentation of informal process.) C/O Barnes was the Officer in Charge of Medical. Violate the HIPPA law. When I requested to come to Medical for a Breathing Treatment on the NEBULIZER Machine. He Denied this to me. He said C/O Mc Davis 2-A 38B called him and asked him for me to get a Breathing Treatment. He told Mc Davis C/O that He was busy and so were all the Nurses. He did not ask anyone of the Nurses. He made that decision on his own. So I then asked Lt. Doherty to call. He was told the same. He was advised C/O Barnes of what he was doing was wrong. He still Denied me Access. I filed a Emergency Grievance and after 2 hours I was called over for my breathing Treatment. The Emergency Grievance was not answered. He gave me the Emergency Grievance Back and said you are over here now. Do what you want with this. This let was done to me during the COVID-19 Pandemic on HCC 146 cases.

What action do you want taken? No Medical Officers & A Right to Decide when I Receive

A Breathing Treatment that is Medical Doctor or Nurse. He Violated The HIPPA law when He made a decision to deny me my Treatment without asking Medical Professionals 1st. He caused me more Pain and Trauma by Rescure Inhalers. Could Not Be enough. I could have died because of his Negligence.

Grievant's Signature: CAGEL F. LUCAS

JUL 2 2020

Date:

20 April 2020

JUL 20 2020

Warden/Superintendent's Office:

Ombudsman Unit
Eastern Region

Ombudsman Unit
Eastern Region

Received:



VIRGINIA DEPARTMENT OF CORRECTIONS

Grievance Receipt



866.1 A-3

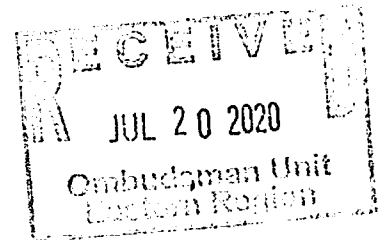
DOC Location: HCC Haynesville Correctional Center

Report generated by Hand, P W

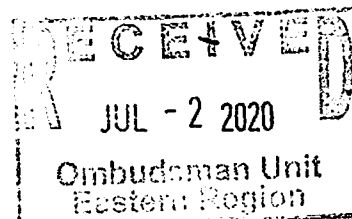
Report run on 04/14/2020 at 10:25 AM

Grievance Number: HCC-20-INF-00585Next Action Date: 04/29/2020 12:00 AM

On this date:	04/14/2020	I have received a statement from:
Lucas, Casel F	1080673	Haynesville Correctional Center
	of	HU2-A-38-B
(Offender Name and DOC#)		(Filed Location and Housing)
Setting out the following complaint:		
Capt. White - Complaint about C/O Barns not letting him medical for breathing treatment.		
 (Signature)		 (Title)



RECEIVED
MAY - 7 2020



By: _____
GRIEVANCE OFFICE

Page 1 of 1

Rev. 03/30/2009



VIRGINIA

DEPARTMENT OF CORRECTIONS

Informal Complaint 866_F3_4-17

Informal Complaint

INSTRUCTIONS FOR FILING: Briefly write your issue in the space provided on the Informal Complaint form, preferably in ink. Only one issue per Informal Complaint. Place your complaint in the designated area at your facility. A receipt is issued within 2 working days from the date received if the informal complaint is not returned during intake. If no response is received within 15 calendar days, you may proceed in filing a regular grievance. You may utilize your receipt as evidence of your attempt to resolve your complaint. An Informal Complaint is not required for an alleged incident of sexual abuse.

Case: Y. LUCAS

ID# 1080673

2-A-38-B

Offender Name

Offender Number

Housing Assignment

C/O BARNES Medical Admin.

13 April 2020 15:15 hrs

Individuals Involved in Incident

Date/Time of Incident

☐ Unit Manager/Supervisor☐ Food Service☐ Institutional Program Manager☐ Personal Property☐ Commissary☐ Mailroom☐ Medical Administrator☒ Other (Please Specify):

C/O Barnes Violated the HIPAA Law

When I requested a Breathing Treatment.

Briefly explain the nature of your complaint (be specific): ON 13 April 2020 at 15:15 hrs, I requested to see Medical for a Breathing Treatment. C/O Barnes called Medical and was told by C/O Barnes He was busy & alone. All of the Nurses, Ms. Davis told Lt. Doldys to call C/O Barnes and was told the same thing. I was sent by Ms. Davis and when I got to Medical I was being on the floor for 10 minutes. Officer Barnes did not come to the door. Ms. North, Property Officer called him still no answer. I returned to the Build. My Breathing Treatment is not recorded nor HIPAA has Security cannot disclose my treatment. Nor deny Mr. That is not me and my Doctor.

Offender Signature C/O Y. Lucas / 1080673

Date 13 April 2020

Offenders - Do Not Write Below This Line

Date Received: 4-14-2020

Response Due: 4-29-2020

Action Taken/Response:

Tracking #

HCC-20-INF-60585

Assigned to:

Capt. White

RECEIVED

MAY - 7 2020

RECEIVED
JUL 20 2020
Ombudsman Unit
Eastern Region

RECEIVED
JUL - 2 2020
Ombudsman Unit
Eastern Region

Respondent Signature

By: GRIEVANCE OFFICE

Printed Name and Title:

WITHDRAWAL OF INFORMAL COMPLAINT:

I wish to voluntarily withdraw this Informal Complaint. I understand that by withdrawing this Informal Complaint, I will not receive a response nor will I be able to file any other Informal Complaint or Grievance on this issue.

Offender Signature:

Date:

Staff Witness Signature:

Date:



VIRGINIA
DEPARTMENT OF CORRECTIONS

Emergency Grievance 866_F4_4-16

Emergency Grievance

Log # 8951

Emergency Grievances are provided for offender reporting and expedited staff responses to allegations that an offender is subject to a substantial risk of imminent sexual abuse and to situations or conditions which may subject the offender to immediate risk of serious personal injury or irreparable harm.

LUCAS CASAL 1080673 HCC 2-A-88-B
Offender Last Name First Number Facility Building-Cell/Bed

PART A- OFFENDER CLAIM

What is the emergency? ON 13 April 2020 at 1515 HRS, I Requested that I go to Medical for Breathing Treatment by C/O M.S. Davis. She called and spoke to C/O BARNES. Refused me my treatment said he was busy so were the Nurses. The H-DOBYNIS also called him again He Refuse. I was sent by C/O DAVIS whom I ARRIVED at Medical I Bumped on the door for 10 minutes C/O BARNES Refused to come to the door. I had C/O NICKS call on Radio still did not come. We violated the HIPAA law. 24 Secretary and 24 H-DOBYNIS is severely not my doctor.

13 April 2020 Date/Time 15:34HR C/O Offender Signature and Number 1080673

PART B- STAFF RESPONSE

(This part is to be completed and returned to the offender within eight (8) hours.)

☐ Your grievance does not meet the definition for an emergency. Action Taken/Recommended:
☐ Submit Informal Complaint ☐ Evaluated by Medical: Date Seen _____
☐ Submit Sick Call Request ☐ Send an Offender Request To: _____
☐ Submit Request to Dental ☐ Other (Provide detailed explanation below) _____

☐ Your grievance has been determined to be an emergency and the following action has been taken:
☐ Sent to Hospital: Date Transported _____ ☐ Other (Provide detailed explanation below) _____

Date/Time Respondent Signature Name/Title Printed
☐ PREA - Alleged incident of sexual abuse or sexual harassment; Shift Commander, Facility Unit Head or Administrative Duty Officer, and facility PREA Compliance Manager notified
 Alleged sexual abuse or sexual harassment ☐ Will be referred for Investigation
 Determination by: _____ Signature Name/Title Printed
 Ombudsman Unit Eastern Region Date/Time

Distribution: Original Grievance returned to Offender, Copy forwarded to Institutional Ombudsman/Grievance Coordinator
 Distribution: Original Grievance returned to Offender, Copy forwarded to Institutional Ombudsman/Grievance Coordinator

(Detach here)

PART C- RECEIPT

Log #: 8951

LUCAS CASAL 1080673 HCC 2A-38B
Offender Last Name First Number Facility Building-Cell/Bed

I acknowledge receipt of this complaint from the above offender. (Complete and issue to offender if taking from his/her presence for response.)

4/13/2020 1535 2114 D Wright T/D
Date/Time Recipient's Signature (Staff Member) Name/Title Printed

C. Robert F. Lucas
VSP# 1000673

For Claim
Deliberate Intimidation
reckless Endangerment Contaminating
Food Service during Lunch & Dinner Meal
Preparation and Served to Population

Exhibit

2

Complaint To Specialist Agent VDOC
Go DAVIS Denial of my Chronic Care
Breathing Treatment Complaint of
Retaliation and Hindrance of the
Innocence Process.

By Refusing Interviews
of my ~~staff~~ Witnesses

Off. Dobyne

cp. Resident Officer Wright

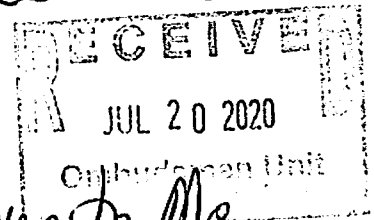
cp. Mr. Davis older brother.

CAROL F. LUCAS
VSP# 1080673
7B17 ACC Quarters
2/21 BARFIELD Road
Lynchville VA. 22472

13 July 2020

K. Cooby
Regional Ombudsman

RE: ^{Response to my complaint in the time allotted by 86b.1} Appeal of ACC-20-REL-00046
^{Policy, Retaliation, Hindering the Process}
^{Ombudsman Ms. Brown of ACC Refuses to Give me}
C/O BROWN Refused me my Chronic Care
Treatment for Breathing.



No Resolution HAS been given to Me
Per 86b.1 In the Time frame of the
Continuance Litigation Receipt Therefore
I am Appealing The NIO Decision Made
at the Institutional Level.

Again C/O BROWN made a Decision on his own
without regard for my life. Per Policy DOP 801.3
Managing Disorders with Disabilities Page 6 2 (A)
Under No Circumstances will a NON-health Care Provider
Substitute their Judgment for that of a Healthcare

② ~~Appel~~ ~~Chronic~~ ~~Respiratory~~ ~~Treatment~~ ~~That~~ ~~I~~ ~~Need~~ ~~Chronic~~ ~~Care~~

Provider where an accommodation needed to address a physical or mental disability has been prescribed.

This is a Direct Violation of this Policy To add
 My ~~Breathing~~ Conditions Are Chronic Bronchitis, ~~asthma~~
 Asthma, Bronchial Disease U.S. Army
 Recurrent Upper Respiratory Infections
 All listed by the DOP 801.3 Page 11 & 12
 Physical and Mental Impairments.

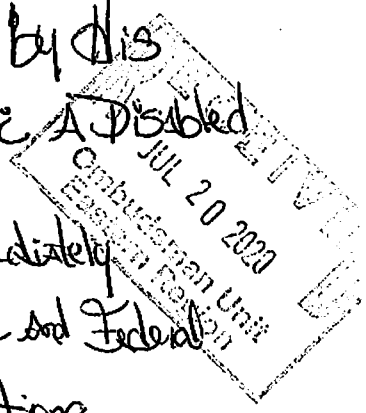
Correctional Officer BARNES also violated the following laws
 Hippa Law, Americans with Disabilities Act, The Virginians
 with Disabilities Law.

VA DOC Employee ethics and Rules of Conduct under
 D.O.P. 211.

This employee had NO REGARD for my life and by his
 actions and violations of the law that protects me a disabled
 person.

Correctional Officer Barnes should be immediately
 terminated for these blatant violations of state and federal
 laws and the numerous of Virginia Dept. of Corrections
 Policies DOP 801.3 & DOP 211 Employee Conduct.
 I have filed a formal Employee Disciplinary Complaint against
 C/O Barnes.

I have filed a complaint also to Lt. M. Brown Special Agent Special Investigations Unit
 6900 Atlantic Drive Suite 1030 Richmond Virginia 23225
 I will not let this go. You should have done the right thing so should Mr. Brown.
 We will now seek the help of those who will investigate this.



Charles F. Lucas

VSP# 1030073

First Claim

Deliberate Indifference, Negligent
Endangerment of Contaminated Food Service
Area During Lunch & Dinner meal
Preparations and Served to Population
Lodi, CA

Exhibit

3

Complaint to L.M. Brown
Special Agent VDOC
Against C/O BROWN

Clay V. Brown
VAP# 103119
7017 8th Medical Quarantine
dccc
421 Brantlett Road
Hayesville, VA 22472

RECEIVED

16 July 2020

JUL 28 2020

OMBUDSMAN SERVICES UNIT

G.M. Brown
Special Agent
Dept. of Corrections
6900 Hanger Dr.
Suite 1080
Richmond VA 23215

RE: I require your help with filing a complaint
against an employee of Virginia Dept. of Corrections
of Hayesville Correctional Center
C/O Brown. dccc-20-REL-00046
I have filed a grievance on this issue against
C/O Brown and I have been denied the response
to my grievance by the Institutional Ombudsman.
Mr. Brown. whose very statement that
he sent me the response.

1.) My original response was due 8 June 2020

2) I was sent a grievance continuance receipt due date
for response 5 July 2020.

3) On 7 July 2020 I asked my Counselor Mr. Robinson
to inquire to Mr. Brown why I have not received
a response. Mr. Brown informed Mr. Robinson that
I would receive my response that night at Mail Cell.
This did not happen and it was 2 days past due.
I have not got the grievance response. And I have
contacted everyone about getting it.
The Institutional Ombudsman Unit

(3) He is now being Protected by the administration and staff.
DOP 801.3 Managing offenders with Disabilities Clearly states
On Pg. 6 2 A. Under No Circumstances will non-Health Care Providers
Substitute their Judgment for that of the Health Care Provider where an
accommodation needed to address a physical or mental disability has been
Prescribed.

The institutional Doctor made a special accommodation of Prescribing me
To Use The Breathing Apparatus Machine at least 3 times a day
or when in need.

C/O Barnes DID exactly as this policy states and by this
Very Policy on 11 & 12 Physical or Mental Impairments
I Met Several.

Please Interview The following staff of the
Lt. Dobyns 2 A Unit Supervisor.
C/O Mr Davis absolutely
T/O Wright.

C/O Barnes made those statements and decisions
without Medical authorization from a Nurse or Doctor.

He Violated Policy the ADA Law, ADA Law COV § 51.5-1. et seq.

Please Help Me. Make sure something is Done
and have my employee Complaint filed.

I am a Disabled Offender and was abused by C/O Barnes Denying Me My
Breathing Treatment and Restrained for 2 HOURS unable to Breathe.
The Warden DID not sign the Release until 10:20:00 5 DAYS After the Release Date.

RECEIVED
JUL 28 2020
OMBUDSMAN SERVICES UNIT

She has Absolutely No Proof she sent it
I have Absolutely No Proof of Receiving it.
I DO HAVE This Proof.

My Counselor Mr. Robinson Called Mr. Brown On 7 July 2020
Tuesday Morning around 8^{am} to 8:30^{am} and inquired about this
License HCC-20-Reg-00046. This was 2 days past the
5 July 2020 Extension Date. Mr. Brown said I would
get it tonight NO such act so that IT DID NOT Come.
NOR DID it Wed. 8 July, 9 July, 10 July so on. There is A
Record of that Call in the system. I'll be sure to inform the
Investigators of that piece of Material and to ensure they Question Mr. Robinson.
Get all things in order. Because I will not stop, I will not give up,
I am relentless and I will get justice for what this employee of DoC
Illegally has done. You would have served your job not done well
and you made sure Mr. Brown gave me my response. You took her
side without knowing all the facts and Decit that has been going on
around & about this with HCC-20-Reg-00046 or are you completely
Complicit you may always capitulate. We can work the details of it out.
Call me always I am available Mr. Smith. My Counselor is my friend
Counselor Because I went out of state to VCU Medical Center for appointment
with the Dermatologist and Pulmonary Specialist. My difficulties are extreme and what was done to me could have been fatal.
You really should have READ what I sent to you & the VA documents of my
Exposure to Weapons of Mass Destruction and the Damage that has plagued my
Senses, Body and Health from my Service to U.S. Government. DO NO MORE HARM

Will I allow this Illegal act committed by a VICE Employee
 to go Unpunished Properly. I chose the Job I did guilty to all
 of my Crimes because I was guilty and I did ~~the~~ NO Matter the
 Cost of my Freedom. Was it that I feel I am truly the only
 Person honorable and with integrity. You know I did a way out
 with Lt. Doyns a Unit Supervisor. I decided to do
 was admit what I did to Me & to Mr. Brown and Apologize
 to Me. Therefore the Actions and Punishment would have remained
 contained with a slap on the wrist. It's Unwillingness to admit his
 Mistakes and errors and to Apologize for his own consequences
 that will not be so forgiving. I told you that there was information
 that you didn't know. If you can't bring yourself to believe
 in Justice and you certainly will absolutely not defend me
 against the abuse of a fellow Colleague. Public Service is not so easy
 especially when you are faced with doing what's right at some point every
 one must make the hard choice no matter the cost or consequence and to Mother's Unpopularity
 I'm the Victim this Time, I showed my abuser compassion and he
 could not do Apologize. Tell me who is the Better Person. I am or saved my kids
 them the trouble of Jail & B.O. I accounted for my deprecable acts and
 atrocities and accepted the Punishment given to me and you still think I am
 A liar, dishonest, worthy, without Honor and Integrity. Not so K. Coffey
 did you actually Read the Documents you would know this of me. Yet you
 said something so incredulous that I did not Research the Evidence of the Grievance
 Process. When in fact I did not that I was appealing The No Justice Decision of
 The Evidence & Internal Complaint with all the correct Documents to support my
 Position. Your office did this with the Real Evidence, the Discrimination Evidence
 Appeal of Request of Reasonable Accommodations Request all legitimate and
 all very valid. I should remind you of this I also sent you a copy of my
 Certification of SO Guidelines of EEOC which require that the U.S. Army.

JUL 20 2020

Shudman Unit
Eastern Region

CASEL Frank LUCAS

VOP# 1080673

Wayne Correctional Center

7 B 17 Isolation Quarantine

Due to visit to VCU appointments

THIS IS A COMPLAINT

13 July 2020

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JUL 28 2020

OMBUDSMAN SERVICES UNIT

It is the policy of the Virginia Department of Corrections that ALL EMPLOYEES WILL AT ALL TIMES CONDUCT THEMSELVES IN THE HIGHEST STANDARDS OF ETHICS AND IN A MANNER APPROPRIATE TO PROFESSIONS IN THE FIELD OF CORRECTIONS. Employee behavior on duty, appearance and bearing will be conducive to effective and positive relations with inmates, staff, and the public, and will reflect credit upon the institution assigned to, The Department of Corrections and The Commonwealth of Virginia.

The employee mentioned in this complaint HAS BLATANTLY VIOLATED ONE OR MORE OF THE RULES OF CONDUCT STIPULATED IN D.O.P. 211 (EMPLOYEE CONDUCT). "STAFF ARE TO CONDUCT THEMSELVES IN A PROFESSIONAL MANNER AT ALL TIMES." This does not mean acting in a humorless or overly officious manner, it means primarily avoiding excessively familiar behavior OR THE USE OF INNAPPROPRIATE LANGUAGES, GESTURES, OR FACIAL EXPRESSIONS. Such actions are not only unprofessional but can endanger the safety of staff and inmate alike.

SHOULD ANY ALL OF A SUDDEN SPONTANEOUS MISFORTUNES OCCUR TO THE WRITER OF THIS COMPLAINT OR WITNESSES (e.g. Charges, Shakedowns, Harassments, Denial of State required necessities, Urine test, etc.) IT MUST BE NOTED THAT IT IS AN ACT OF REPRISAL AGAINST THE COMPLAINANT(S) BE IT AT THE HANDS OF THE EMPLOYEE MENTIONED IN THIS COMPLAINT OR FRIENDS OF THE EMPLOYEE WHO MAY SEEK TO REPRISAL ON BEHALF OF THE EMPLOYEE (IN ACCORDANCE WITH D.O.P. 866 PAGE 8 PARAGRAPH 4).

A photocopy of this complaint should be placed into the active on duty (work) disciplinary file of the employee and should follow him/her throughout the remainder of his/her active employment with THE VIRGINIA DEPARTMENT OF CORRECTIONS.

NOTE: PLEASE BE ADVISED. Should the writer of this complaint need additional space to provide accurate details of the description of the offense the writer will add an additional page or pages or to supplement this report.

The Medical Correctional Officer DAVIS

Thank you.

Used his own judgment as a Non-Health Care Provider to Decide to Refuse Inmate

CASEL F. LUCAS

CASEL F. LUCAS His Prescribed Medical Accommodation Double Breathing Treatment

That is a Chronic Care Treatment for his several Respiratory Disabilities.

Violating VDOC Policies 801.3 Pg. 2.A. and DOP 211.

Americans with Disabilities Act, Virginians with Disabilities Act (Gov § 51.5-1 et seq.) He HAD NO REGARD for Inmate LUCAS life when he decided he would not let him Get his Treatment.

VIRGINIA DEPARTMENT OF CORRECTIONS

EMPLOYEE DISCIPLINARY COMPLAINT

EMPLOYEE'S NAME: BARNES TITLE: Correctional Officer
 INSTITUTION: Hamptonville Correctional Center DATE: 13 July 2020
 OFFENSE TITLE: Conduct & Disposition OFFENSE CODE: 211 & DOP 801.3
 DATE: 13 April 2020 TIME: 12:00 PM DAY: Monday
 AREA OF OFFENSE (LOCATION): Medical

DESCRIPTION OF COMPLAINT/OFFENSE: C/O Barnes Violated Inmate C. Lucas #1000673 Right

To his prescribed Medical Breathing Treatment without asking the Health Care Providers.
This is in violation of DOP Policy 801.3 & 6.2A. Health Care will not substitute their judgment
Over the Health Care Provider, DOP 211, Disposition, ADA law, Virginia with Disabilities Act
C/O Davis & St. Dobyns informed C/O Barnes you can not deny the inmate the Breathing Treatment He told them both He's to busy and go ask the Nurses.

WITNESSES: St. Dobyns; T/O Wright; C/O M.B. DAVIS

COMPLAINANT'S SIGNATURE: Carol F. Lucas

COMPLAINANT'S NAME PRINTED: Carol F. Lucas

DATE: 13 July 2020 TIME: 11:50 AM

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I.O.P. 211 VIOLATION

JUL 28 2020

211-7.1 STAFF AND INMATE RELATIONS

OMBUDSMAN SERVICES UNIT

¶ 1. All staff members must remember that inmates are human beings and as such are deserving of fair and humane treatment. Abuse or any form of corporal punishment is prohibited. No profane, demeaning, indecent or insulting language or words with racial or ethnic connotations shall be directed towards the inmate. At all times employees will be respectful, polite and courteous in their contact with inmates.

¶ 3. To the greatest extent possible, staff members are to avoid involvement in the personal lives of inmates. Staff will not ask questions of a personal nature except as a part of authorized treatment procedures. Staff members are to respect the rights of each inmate to hold his own philosophical, political and religious beliefs however disagreeable such beliefs are or may be to the staff member. Likewise, employees will not share personal information with inmates.

Carol K. Wicks
VOP# 1000673

for Claim

Deliberate Indifference, Wreckless
Endangerment of Contaminating the
Food Service areas during lunch
and dinner meal preparation and
served to population.

EWB

11

5

Complaint appeal to K. Cooby
Regional Ombudsman BHO
Retaliation hindering the Process

CAROL F. LUCAS
VSP# 1080673
7B17 ACC Quarantine
2/21 BARFIELD Road
Lynchville, VA. 22472

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OMBUDSMAN SERVICES UNIT

18 July 2020

K. Cooby
Regional Ombudsman

Policy, Retention, Nursing To Process
Ombudsman Ms. Brown of ACC Refuses to Give me
a Response to my complaint in the time allotted by 86b.1
RE: Appeal of ACC-20-REL-00046
C/OBROWS Refused me my Chronic Care
Treatment for Breathing.

No Resolution HAS been given to Me
Per 86b.1 In the Time frame of the
Continuance Evidence Receipt Therefore
I am Appealing The NO Decision Made
At the Institutional Level.

Again C/OBROWS made a decision on his own
without regard for my life. Per Policy DOP 801.3
Managing offenders with Disabilities Page 6 2 (A)
Under No Circumstances will a NON-health Care Provider
with authority to do so. Study with that of Attention to Detail

② ~~Appar~~ ~~HO BARNES~~ ~~Refused~~ ~~me~~ ~~a~~ ~~Breathing~~ ~~Treatment~~ ~~That~~ ~~I~~ ~~Need~~ ~~Chronic~~ ~~COPD~~

Provide where an accommodation needed to address a physical or mental disability has been prescribed.

This is a Direct Violation of this Policy To add
My Breathing Conditions Are Chronic Bronchitis, ~~asthma~~,
~~asthma~~, ~~bronchial~~ ~~diseased~~ U.S. Army
Recurrent Upper Respiratory Infections
All listed by the DOP 801.3 Page 11 & 12
Physical and Mental Impairments.

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JUL 28 2020

OMBUDSMAN SERVICES UNIT

Correctional Officer BARNES also violated the following laws

Allypa Law, Americans with Disabilities Act, The Virginians
with Disabilities Law.

VA DOC Employee ethics and Rules of Conduct under
D.O.P. 211.

This employee had NO regard for my life and by his
actions and violations of the law that protects me a disabled
person.

Correctional Officer Barnes should be immediately
terminated for these blatant violations of state and federal
laws and the Number of Virginia Dept. of Corrections
Policies DOP 801.3 & DOP 211 Employee Conduct.

Will file a formal Employee Disciplinary Complaint against
C/O Barnes.

Will file a formal Employee Disciplinary Complaint against C/O Barnes with Kim Brown
Special Investigations Unit 1600 Shreve St. Suite 1030 Richmond VA. I will not let
this go. You should have done the right thing so I shall have Ms. Brown & Warden.
I will ask all of those who will investigate this

(4) We do not Regret or are you completely compliant you may always
Capitulate. We will work the details of it out. Call me as always as I am available
Ms. Smith still considers is my current Counsel because I am part of the

To VCU Medical Center for appointments with the Dermatologist and Pulmonology
Specialist Dr. J. Doctor. My Breathing Difficulties are extreme and what
has done to me could have been fatal. You really should have read what
was sent to you & the documents of my exposure to weapons of mass destruction
and the damage that has plagued my lungs, body and health from my service.

To U.S. Government do NO Under no person will allow this illegal act committed
by a WDC Employee to go unpunished properly. I broke the laws of Red. Guilty to all
of my crimes because I was guilty and did no matter the cost of my freedom. How is
it that I feel I am truly the only person honorable and with integrity. C/O Davis

Did I say ask St. John 2-A Unit Engineer. All he did to do was
think what he did to me. To Mr. Brown and Jackson to me. Therefore the
actions and punishment would have remained contained with a stop on the way.

His unwillingness to admit his mistakes and errors and to apologize the JUL 28 2020
That will not be so forgiving. I told you that there was information that you didn't know
YET you coming yourself to believe in Enrile and you certainly will absolutely not
Defend me against the abuse of a fellow colleague. Public Service is not so easy
Especially when you are faced with doing what's right at all cost. Everyone must make
The hard choice no matter the cost or consequence and no matter how unpopular it is. I'm
The victim this time, I should have showed my abuser compassion and he cared not
to apologize. Tell me who is the better person. I am and saved them my victims the trouble
of trial & B.S. I accepted for my despicable acts and atrocities and accepted the
punishment given to me and you still think I am a liar, dishonest, without honor and integrity
Not so K. Cooley did you actually read the documents you would know this of me. Yet you said
something to me. I am not presenting NO evidence of the Enrile Process. When in
fact I did just that I was appealing the NO Interim Decision of The Enrile Process & Internal
Complaint with all of the correct documents to support my position. You office did this with
The Enrile Process, the Discrimination Enrile Process. I am not presenting NO evidence of the Enrile Process & Internal
Request all legitimate and all very kind. I should remind you I also sent you a copy of my certification
of 30 Credit Hours of EEOC & Human Resources that the U.S. Army 8th Infantry Division

JUL 28 2020
OMBUDSMAN SERVICES UNIT

Enrile Process, the Discrimination Enrile Process. I am not presenting NO evidence of the Enrile Process & Internal
Request all legitimate and all very kind. I should remind you I also sent you a copy of my certification
of 30 Credit Hours of EEOC & Human Resources that the U.S. Army 8th Infantry Division

CHAD F. KUCH

VSP# 1080673

Left Claim

Deliberate Indifference, Negligence
Endangerment of Contaminating Food Service
Area during Lunch & Dinner Preparation
Served to Population

Exhibit
#1

6

Dept. of Corrections Operating Procedure
801.3 Managing offenders
With Disabilities.



Virginia Department of Corrections

Offender Management and Programs

Operating Procedure 801.3

Managing Offenders with Disabilities

Authority:

Directive 801, *Facility Administration*

Effective Date: August 1, 2019

Amended:

Supersedes:

Operating Procedure 801.3, July 1, 2016

Access: ☒ Public ☐ Restricted

☒ Incarcerated Offender

ACA/PREA Standards:

5-ACI-2C-02, 5-ACI-2C-11, 5-ACI-2C-12,
5-ACI-2C-13, 5-ACI-3D-04, 5-ACI-5E-02,
5-ACI-5E-03, 5-ACI-6C-06, 5-ACI-7A-01,
5-ACI-7B-10, 5-ACI-7D-13; 4-4133, 4-4142,
4-4143, 4-4144, 4-4277, 4-4399, 4-4429, 4-4429-1,
4-4448, 4-4475, 4-4497; 4-ACRS-5A-19,
4-ACRS-6A-01-1, 4-ACRS-6A-04,
4-ACRS-6A-04-1, 4-ACRS-6A-04-2,
4-ACRS-6B-01; 2-CI-5A-1

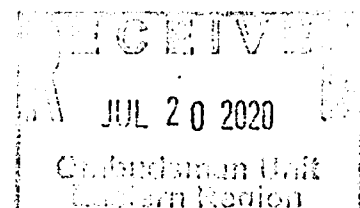
Content Owner:	Rose Durbin PREA/ADA Supervisor	<i>Signature Copy on File</i>	6/14/19
		Signature	Date
Reviewer:	Jermiah Fitz Jr. Corrections Operations Administrator	<i>Signature Copy on File</i>	6/17/19
		Signature	Date
Signatory:	A. David Robinson Chief of Corrections Operations	<i>Signature Copy on File</i>	7/1/19
		Signature	Date

REVIEW

The Content Owner will review this operating procedure annually and re-write it no later than three years after the effective date.

COMPLIANCE

This operating procedure applies to all units operated by the Virginia Department of Corrections. Practices and procedures must comply with applicable State and Federal laws and regulations, ACA standards, PREA standards, and DOC directives and operating procedures.



PURPOSE

This operating procedure provides guidelines for management of and provision of reasonable accommodations to offenders with disabilities housed in Department of Corrections (DOC) facilities. It describes levels of available services, methods by which assignments are made, and appropriate security measures for offenders with disabilities in accordance with the *Americans with Disabilities Act of 1990*, as Amended (42 U.S.C. §12101 et seq.) and the *Virginians with Disabilities Act (COV §51.5-1 et seq.)*.

PROCEDURE

I. Training and Responsibility

- A. All staff, contract staff, interns, and volunteers who regularly interact with offenders will receive instruction related to the provisions of accommodations for offenders with disabilities and the requirements of this operating procedure.
- B. All staff and contract staff must complete the mandatory *Americans with Disabilities Act (ADA)* on-line training, annually. Upon completion of the training, a copy of the certificate must be printed and submitted to unit training staff or the immediate supervisor for units without training staff.
- C. Upon arrival and during formal orientation, all offenders, to include those offenders who are transferred immediately to the infirmary or restrictive housing upon intake, will be informed of their right to non-discrimination on the basis of a disability and the process for requesting a reasonable accommodation as outlined in this operating procedure. (See Operating Procedure 810.1, *Offender Reception and Classification*, and Operating Procedure 810.2, *Transferred Offender Receiving and Orientation*.) (5-ACI-3D-04; 4-4277; 4-ACRS-6B-01)
 1. Each offender, upon arrival will be provided a copy of Attachment 1, *Notice of Rights for Offenders with Disabilities*, which includes the DOC ADA Coordinator's contact information.
 2. The facility *Orientation Manual, Packet*, and/or other written orientation materials must include the facility ADA Coordinator's name and contact information.
- D. Information on the nature and extent of an offender's disability and any reasonable accommodations related to the disability is considered protected health information. This information is confidential and will only be disclosed to staff as necessary to provide assistance to the offender or as authorized and/or permitted by the offender.

E. ADA Coordinator

1. Staff and offenders have access to the DOC ADA Coordinator and a facility ADA Coordinator. (5-ACI-5E-03; 4-4429-1; 4-ACRS-6A-01-1)
 - a. The DOC ADA Coordinator is an appropriately trained and qualified individual, educated in the problems and challenges faced by offenders with physical and/or mental impairments, programs designed to educate and assist offenders with disabilities, and all legal requirements for the protection of offenders with disabilities.
 - b. The facility ADA Coordinator is trained by the DOC ADA Coordinator in mandated legal requirements regarding disability accommodations.
2. The DOC ADA Coordinator will serve as the authority on all issues related to offenders with disabilities, reasonable accommodations, and the application of this operating procedure.
3. The facility ADA Coordinator will review all offender requests for a reasonable accommodation and, in consultation with appropriate staff, make a determination on the request and maintain documentation of the facility accommodation process to include approvals, denials, and appeals.
 - a. The following requirements will be considered when making a determination for an accommodation:
 - i. The disability, as recognized by the ADA, must be known to the DOC.
 - ii. The accommodation must not pose an undue hardship on the facility or to the safety and



that an offender with a communication disability such as deafness that requires an in-person qualified interpreter or other auxiliary aids and services is being transported to them on an urgent basis. Notification will include the estimated time of arrival.

- c. For all offenders transported for offsite health care, a facility health care provider will ensure that the offender's communication disability and the need for an accommodation is documented on the *Offender Gate Pass* and recorded in the offender's Health Record.
4. A conspicuous notice of any communications disabilities (i.e. hard of hearing, speech impairment, language translation, vision impairment) must be noted on the Health Record of any offender whose disability affects their ability to communicate and an appropriate advisory regarding this disability must be provided to facility staff and designated in VACORIS.

III. Determination of Disability and Reasonable Accommodations

- A. All offenders receive a medical and mental health screening by a qualified Health Care Provider or health trained staff in accordance with Operating Procedure 720.2, *Medical Screening, Classification, and Levels of Care*, and the *Nursing Guideline for Medical/Location Codes*.
 1. Offenders must be afforded the opportunity to disclose their present and prior disabilities and needs and request an accommodation(s) for their disability during their medical and mental health screening. The qualified Health Care Provider will:
 - a. Question the offender regarding any previous accommodation(s)
 - b. Discuss modified or additional accommodations as appropriate
 - c. Make appropriate notations in the offender's Health Record.
 2. When an offender arrives at a facility with an approved accommodation, medical equipment or an assistive device that presents any concerns, the Facility Unit Head, in consultation with the facility Medical Practitioner and ADA Coordinator, will make a decision regarding the removal of the item to minimize risk and provide alternate appropriate accommodations.
 3. The facility Health Care Practitioner may consult with the facility ADA Coordinator and DOC ADA Coordinator, as needed to determine if a requested accommodation is within the scope of the ADA.
- B. The facility Medical Practitioner, in consultation with qualified health care practitioners or specialists, and in conjunction with the affected offender, will diagnose any disability, not previously diagnosed.
 1. After the initial medical screening and a comprehensive health appraisal are completed and the findings evaluated, offenders will be medically classified and assigned a location code.
 2. The offender's medical classification code and location code should be reviewed during the intra-system transfer process, and any time a change of the offender's condition is identified to ensure it reflects the current medical status of the offender.
 3. The facility Medical Practitioner will assign a medical/disability code, which indicates if the offender has an impairment that qualifies as a disability (i.e. legally blind, deaf, mobility impaired). This determination is based on the *Americans with Disabilities Act of 1990, as Amended* (42 U.S.C. §12101 et seq.) and *The Virginians with Disabilities Act* (COV §51.5-1 et seq.).
 4. The Health Authority or designee will assign the medical location code, which indicates the offender's requirements for physical accommodations and access to health care services.
- C. After a disability is diagnosed, a qualified health care practitioner or specialist will determine the level of medical accommodation needed and provide appropriate medical treatment as is required by the offender's condition.
 1. The facility Health Care Practitioner (i.e. physician, optometrist, dentist, psychology associate) will make a determination on the specific accommodation provided and will determine the type of auxiliary aid and/or service to be provided, considering the request of the offender with a disability, but the offender's request, although not determinative, is given priority. This information will be recorded in the offender's Health Record.



3. If a medically prescribed accommodation poses an undue hardship on the facility or to the safety and security of the offender or any other person, the facility ADA Coordinator must notify a facility health care provider of the safety/security concerns so that the prescribed accommodation can appropriately modified.
- D. In determining whether an offender's disability or accommodation poses an undue hardship to the health or safety of themselves or others, the facility ADA Coordinator must make an individualized assessment based on reasonable judgment that relies on current medical knowledge or on the best available objective evidence to ascertain:
 1. Nature, duration, and severity of the risk
 2. Probability that the potential injury will actually occur
 3. Whether reasonable modifications of policies, practices, or procedures or the provision of auxiliary aids and services will mitigate the risk
- E. Any offender who believes, they were discriminated against because of their disability, or decides to appeal their *Accommodation Requests* may do so in accordance with Operating Procedure 866.1, *Offender Grievance Procedure*. Grievances of this type must be initially reviewed by the facility ADA Coordinator, who should consult with the Facility Unit Head and, ultimately, the DOC ADA Coordinator.

V. Housing for Offenders with Disabilities

- A. Facility staff will use information from the offender's *Classification Assessment* and the *Cell Compatibility Assessment* to determine appropriate housing and bed assignments for offenders with disabilities in accordance with Operating Procedure 425.4, *Management of Bed and Cell Assignments (Restricted)*. When necessary, single occupancy cells should be made available for offenders with severe medical disabilities. (5-ACI-2C-02; 4-4133)
- B. Offenders with disabilities will be housed in a manner that provides for their safety and security. Housing used by offenders with disabilities, is designed for their use and provides for integration with other offenders. Programs and services will be made accessible to offenders with disabilities who reside in the facility. (5-ACI-2C-11; 4-4142; 4-ACRS-6A-04)
 1. To the extent feasible, offenders with disabilities should be placed in general population settings. Offenders with disabilities requiring special health care and services will be placed in settings that provide health services appropriate to the offender's health needs.
 2. Offenders with disabilities should be housed in the most integrated setting appropriate to the needs of the individuals, unless it is deemed necessary to make an exception.
 - a. Offenders who require handicap accessible cells or beds will not be placed in inappropriate security classifications due to their disability.
 - b. Offenders with disabilities will only be placed in designated medical areas when necessary to provide medical care or treatment.
 - c. Offenders with disabilities will not be placed in facilities that do not offer the same programs as the facilities where they would otherwise be housed.
 - d. Offenders with disabilities will not be deprived of visitation with family members by placing them in distant facilities where they would not otherwise be housed; this does not preclude gathering groups of offenders with similar special needs (i.e. dialysis, geriatric, deaf and hard of hearing) into one or more locations where special resources can be provided to meet those needs.
- C. Offenders Housed in the Infirmary
 1. Offenders admitted to the infirmary may have access to one or more programs and services i.e., education, work, religious services, library access, and commissary, temporarily suspended as deemed appropriate by the facility Medical Practitioner based on the offender's medical condition and level of medical care needed.



G. Use of Force

1. Force may be used on offenders with disabilities in instances of justifiable self-defense, protection of others, protection of property, prevention of escapes, or to maintain or regain control as provided in Operating Procedure 420.1, *Use of Force* (Restricted).
2. When such use must be preceded by the provision of an appropriate warning, this warning must be communicated by means that offenders with communication disabilities can observe and understand.

DEFINITIONS OF TERMS USED IN THIS OPERATING PROCEDURE

ADA Coordinator - A Department of Corrections employee assigned to coordinate the Department's efforts to comply with and carry out its responsibilities under the provisions of Title II of the *Americans with Disabilities Act* to include the review of complaints alleging non-compliance with requirements of non-discrimination for offenders with disabilities and coordination of DOC's efforts to comply.

Auxiliary Aids and Services - Assistance provided through services, equipment, or modifications to provide equal access for disabled or impaired individuals to activities, programs, and privileges, these aids and services may include, but are not limited to:

- Qualified interpreters or other effective methods of making aurally delivered materials available to individuals with hearing impairments
- Qualified readers, taped texts, audio recordings, Brailled materials, large print materials, or other effective methods of making visually delivered materials available to individuals who are blind or have visual impairments
- Functional devices to increase mobility including but not limited to walkers, canes, crutches, and manual or powered wheelchairs for individuals with mobility impairments
- Acquisition or modification of equipment or devices and other similar services and actions

Communication Disability - Any impairment related to speech, language, and/or auditory processing; it includes hearing impairments, visual impairments, and cognitive impairments evidenced by an inability to speak, read, and/or understand written or oral communications of information provided at the facility.

Co-payment - The amount paid by the offender for health care service, treatment, prosthesis, or orthotic

Health Care Practitioner - A clinician trained to diagnose and treat patients, such as physician, psychiatrist, dentist, optometrist, nurse practitioner, physician assistant, and psychologist

Health Care Provider - An individual whose primary duty is to provide health services in keeping with their respective levels of licensure, health care training, or experience

Major Life Activities - Include, but are not limited to, caring for oneself, performing manual tasks, seeing, hearing, eating, toileting, sleeping, walking, standing, lifting, bending, speaking, breathing, learning, reading, concentrating, thinking, communicating, and working

Medical Practitioner - A physician, nurse practitioner or physician's assistant

Mobility Impairments - Inability to move about without the aid of a cane, splint, crutches, wheelchair, walker, or any other form of support or because of limited functional ability to ambulate, climb, descend, sit, rise, or perform any related function

Offender with a Disability - Any offender who has a physical or mental impairment that substantially limits one or more of their major life activities, has a record of such impairment, or is perceived as having such impairment

Physical or Mental Impairment - Any physiological disorder, or condition, cosmetic disfigurement, or anatomical loss affecting one or more of the following body systems: neurological, musculoskeletal, special sense organ, respiratory (including speech organs), cardiovascular, reproductive, immune, digestive, genitourinary, hemic or lymphatic, skin and endocrine; or any mental or psychological disorder, such as mental retardation (Developmental Disorder), organic brain syndrome, emotional or mental illness, and specific learning disabilities. The phrase "physical or mental impairment" includes, but is not limited to, such contagious and non-contagious diseases and conditions as orthopedic, visual, speech, and hearing impairments, cerebral palsy, epilepsy, muscular dystrophy, multiple sclerosis, cancer, heart disease, diabetes, mental



CAROL F. LUCAS

VAP# 1000073
For Claim

Deliberate Indifference, Negligence
Endangerment of Contaminating The
Food Service area During
Break & Dinner meal
Preparation Served To Population

Exhibit



7

U.S. Dept of Veterans
Affairs Service
Connected Disabilities



BOARD OF VETERANS' APPEALS

DEPARTMENT OF VETERANS AFFAIRS

WASHINGTON, DC 20038

Date: June 14, 2018

SS 228 29 8166

CASEL F. LUCAS

Dear Appellant:

The Board of Veterans' Appeals (Board) has made a decision in your appeal, and a copy is enclosed.

<i>If your decision contains a</i>	<i>What happens next</i>
Grant	The Department of Veterans Affairs (VA) will be contacting you regarding the next steps, which may include issuing payment. Please refer to VA Form 4597, which is attached to this decision, for additional options.
Remand	Additional development is needed. VA will be contacting you regarding the next steps.
Denial or Dismissal	Please refer to VA Form 4597, which is attached to this decision, for your options.

If you have any questions, please contact your representative, if you have one, or check the status of your appeal at <http://www.vets.gov>.

Sincerely yours,

Kimberly Osborne
Deputy Vice Chairman

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JUN 24 2018

By: _____
GRIEVANCE OFFICE

Enclosures (1)

CC: Virginia Department of Veterans Services

RECEIVED

MAY 26 2020

By: _____
GRIEVANCE OFFICE



BOARD OF VETERANS' APPEALS

DEPARTMENT OF VETERANS AFFAIRS

IN THE APPEAL OF
CASEL F. LUCAS
REPRESENTED BY

Virginia Department of Veterans Services

SS 228 29 8166
Docket No. 13-22 962

DATE: June 14, 2018

ORDER

Service connection for post-traumatic arthritis, left elbow, to include as due to Gulf War environmental exposures, is denied.

Service connection for right elbow strain, to include as due to Gulf War environmental exposures, is denied.

✕ Service connection for flexion contracture, distal interphalangeal (DIP) joint, right fifth finger, is granted.

⊙ Service connection for flexion contracture, DIP joint, left fifth finger, is granted.

Service connection for right ankle strain, to include as due to Gulf War environmental exposures, is denied.

Service connection for left ankle strain, to include as due to Gulf War environmental exposures, is denied.

Service connection for chronic fatigue syndrome (CFS), to include as due to Gulf War environmental exposures, is denied.

✕ Service connection for recurrent upper respiratory infections is granted.

Service connection for a sleep disorder, to include as due to Gulf War environmental exposures, is denied.

✕ Service connection for gastroesophageal reflux disease (GERD) is granted.

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MAY 26 2020
BY: GRIEVANCE OFFICE

RECEIVED

JUN 24 2020

By: GRIEVANCE OFFICE

IN THE APPEAL OF
CASEL F. LUCAS

SS 228 29 8166
Docket No. 13-22 962

Service connection for genitourinary problems, to include as due to Gulf War environmental exposures, is denied.

Service connection for impotency, to include as due to Gulf War environmental exposures, is denied.

Service connection for amyotrophic lateral sclerosis (ALS), to include as due to Gulf War environmental exposures, is denied.

* Service connection for headaches is granted.

The appeal for an effective date earlier than August 25, 2010 for the grant of service connection for PTSD is dismissed.

REMANDED

Entitlement to service connection for patellofemoral syndrome, right knee, to include as due to Gulf War environmental exposures, is remanded.

* Entitlement to an initial rating in excess of 10 percent for posttraumatic stress disorder (PTSD) is remanded.

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JUN 24 2020
GRIEVANCE OFFICE

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JUN 24 2020

FINDINGS OF FACT

By: _____
GRIEVANCE OFFICE

1. The Veteran had active service in the Southwest Asia Theater of Operations during the Persian Gulf War.

2. The Veteran's left elbow pain has been linked to a diagnosis of post-traumatic arthritis, left elbow, and the preponderance of the evidence is against finding that his post-traumatic arthritis, left elbow, was manifested in service, within one year of his separation from service, or is due to a disease or injury in service, to include a specific in-service event, injury, or disease.

RECEIVED

MAY 26 2020

By: _____
GRIEVANCE OFFICE

IN THE APPEAL OF
CASEL F. LUCAS

SS 228 29 8166
Docket No. 13-22 962

been diagnosed with CFS or with any medically unexplained chronic multi-symptom illness. The existence of a current disability is the cornerstone of a claim for VA disability compensation. *See Brammer v. Derwinski, supra.* As such, without a current diagnosis, the Veteran lacks the evidence necessary to substantiate his claim for service connection. The Board acknowledges that the Veteran does appear to have experienced fatigue, particularly as a result of his difficulties sleeping, but that fact alone does not necessitate the diagnosis of CFS which requires a specific set of symptomatology beyond just fatigue.

5. Entitlement to service connection for recurrent upper respiratory infections.

The Veteran contends he has respiratory problems due to various exposures in Iraq during the Gulf War, including chemicals and toxins, and exposure to WMDs after the demolition of an arms facility. He also contends he has had recurrent upper respiratory infections, to include pneumonia, and bronchitis, requiring treatment, since his service in Desert Storm.

Service treatment records show that in April 1988, the Veteran was treated for asthmatic bronchitis, and in May 1988 he was hospitalized for acute respiratory disease.

On a VA examination in March 2011, the Veteran reported his respiratory condition had an onset in the 1990s, and that he had recurrent upper respiratory infections requiring treatment since Desert Storm. The diagnosis was recurrent upper respiratory infections, which the examiner indicated was, by VBA definition, category # (2), a diagnosable but medically unexplained chronic multi symptom illness of unknown etiology. The examiner opined it was at least as likely as not the Veteran's recurrent upper respiratory infections were related to a specific exposure event he experienced during his service in Southwest Asia. The examiner noted that signs and symptoms that may be manifestations of both undiagnosed illnesses or diagnosed medically unexplained chronic multi-symptom illnesses include signs or symptoms involving the upper respiratory system.

As noted above, signs and symptoms which may be manifestations of medically unexplained chronic multi symptom illnesses include respiratory symptoms.

RECEIVED

MAY 26 2020

By: GRIEVANCE OFFICE

JUN 24 2020

RECEIVED

Capt F. Licks

Vapt# 1080073

Foot Claim

Deliberate Indifference, Neglectless
Endangerment of Contaminating the Food Service
Area During Lunch and Dinner Meals
Preparations and Served to Population

Exhibit

#

8

VDOC Medical Records of Chronic Core
Illnesses, Diseases, and Military Disabilities
Treatment See VDOC

Chronic Disease Clinic Follow-Up

HAYNESVILLE CORRECTIONAL CENTER

Offender Name: LUCAS, CASELNumber: 1080673

List chronic diseases:

1) HTN	3) COPD	5) BPH
2) DM-2	4) I.B.D	6) PTSD

List current medications:

See MAR(attached)

Subjective: (Yes or No)

Asthma: # attacks in last month? <u>0</u>		Seizure disorder: # seizures since last visit? <u>0</u>	
# short acting beta agonist canisters in last month? <u>0</u>		Diabetes mellitus: # of hypoglycemic reactions since last visit? <u>0</u>	
# times awakening with asthma symptoms per week? <u>0</u>		Any polyuria? <u>N</u> Any nocturia? <u>N</u> Any orthopnea? <u>N</u>	
Any wheezing? <u>N</u> Any night sweats? <u>0</u>		Weight loss/gain <u>↓</u> <u>↑</u> #lbs <u>0</u>	
Any systemic steroids use? <u>N</u> Any hemoptysis? <u>N</u>		Palpitations? <u>N</u> Ankle or leg edema? <u>N</u>	
Any hypertension (HTN): Chest pain? <u>N</u> SOB? <u>N</u>		Any foot problems since last appointment? <u>N</u>	
Any dizziness since last appointment? <u>N</u>		Any blurred vision? <u>N</u> Any claudication? <u>N</u> Any headaches? <u>N</u> Any nausea/vomiting? <u>N</u>	
Any abdominal pain/swelling? <u>N</u> Diarrhea? <u>N</u>			

For all diseases, since last visit, describe new symptoms:

COVID-19 neg 8/4/2020
Echo done: 8/21/2020: EF 68%
Mild pulmonary regurg. Mild Tricuspid regurg. Mild @ atrial enlargement.
Possible outlet VSD.

Patient adherence (Y/N): with medications? Y with follow up appointments? Y with diet? Y
 Vital signs: Temp 98.6 BP 105/68 Pulse 61 Resp 18 Wt 203 PEFR 95% Pain scale 0

Past Labs:
 Hgb A1C 7.5 BMP 6/2020 CMP 6/2020 INR 1.9 CD4 - Total Chol 90 LDL 30 HDL 40
 Trig 101 Hct 52.3 Hgb 16.9 AST 19 ALT 29 BUN 11 Creatinine 1.04
 Micro albumin WNL UA WNL CBC 6/8 EKG 3/2020 WNL LFT WNL
 Drug level: Other Fibroscan score: 0

Range of fingerstick glucose: 90-196 mg/dL BP monitoring range: 90/68, 130/84.

Procedure:

Annual Funduscopic eye exam completed ☐ Yes ☐ No ☒ N/AAnnual dilated eye exam completed ☐ Yes ☐ No ☒ N/AAnnual foot exam completed ☐ Yes ☐ No ☒ N/A

E:

HEENT/neck: <u>NC / AT, EOMI, PERLLA, 0 bruits</u>	Extremities: <u>0 edema</u>
Heart: <u>S1+S2, NO RMX</u>	Neurological: <u>CN2-12 grossly intact</u>
Lungs: <u>CTABL</u>	GU/rectal: <u>defined</u>
Abdomen: <u>Soft NT/ND, BST</u>	Other: <u></u>

Assessment Diagnosis:

	Degree of Control				Clinical Status			
	G	F	P	NA	I	S	W	NA
1 HTN	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 DM-2	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 COPD	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 BPH	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

COPY

Plan/Orders:

1080673

Medication: ØDiagnostics/Procedures: MAR 2021: EKG ✓Labs: DEC: CBC, CMP, Lipids, HbA1c, B12, folate, UA, vitD, PSA. ✓Special needs: none Work Code _____☒ Administer Influenza vaccine ☐ Administer Pneumonia vaccine

92 months

Monitoring: BP: _____ X day/week/month Accucheck: _____ X day/week/month Peak flow: _____

Offender questioned regarding presence of depression and suicidal thoughts while on seizure therapy? ☐ Yes ☐ No ☐ N/AEducation provided: ☒ Nutrition ☐ Exercise ☐ Smoking ☒ Test results ☒ Medication management ☐ Lab results
☒ Disease process

Referral: (list type & priority level): Specialist: _____

Days to next visit? ☐ 1 year ☒ 180 ☐ 90 ☐ 60 ☐ 30 ☐ Other: _____

Additional information:

GTRD

11/4/2026

LOC

D

MED

A, 11, 12, 13, 4, 8A, 9

MH

2

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Provider Signature:

Adnan Huo

Date:

9/14/2020

1 copy

VIRGINIA
DEPARTMENT OF CORRECTIONS

Health Services Complaint and Treatment Form 720_F17_7-12

Health Services Complaint and Treatment Form

Facility: HAYNESVILLE CORRECTIONAL CENTER

Offender Name: Lucas Case1 Number: 1080673

Last

First

Signature and Title

Date/Time

Complaint and Treatment

9/11/20 730p	Offender requesting renewal of D-Cerin and Visine. Chart to MD/NP.	Kylangford, RN
9/14/2020 618 Noted 9/14/2020 @ 9:11 AM Q. Baugh, RN	Emollients are available in the commissary. Memo * Visine tear drops, 2 drops ea eye BID x 90 days EMA	Admally, RN
9/28/2020 754 Noted 9/28/20 11 AM	Cats from 9/21/2020 Acceptable	Admally, RN
10/1/2020 1515	Review Biotene Mouthespray 2 spray QD PRND. Mouth spray - SS in APRNDNP-C await approval for non-formulary med. previously Rx Dental.	
10-2-2020 9A 193# 97# 18		
10/7/20 72 956		
10/16/2020 0730	pt seen and evaluated for S/L from pulmonology	
117/75 69 97.1	visit by telephone 9/10/2020 PFTS completed	
#189.6 @ 98.7 16	by specialist, reviewed med list and current inhalers, discussed risk/benefits of meds. Review all notes from specialty noted request to add medication for allergy symptoms and Atravent to LAMA. TTE completed mild regurgitation EFC65-70%.	
Noted 9/16/20 11P	Obstructive COPD 1) Stop Atravent & LAMA Obstructive COPD 2) Start increase ellipta 1 puff. inhaled QID x 90 days Allergic Rhinitis 1) Zyrtec long PO QD x 90 days ✓ CV: KMR, kenop TABL Today ABD soft/tender Skin warm/dry (+) ROM @ Cap refills 11/5/20 SS in APRNDNP-C	
10/8/2020 1245	Emollients are available in commissary please bring receipts for eval of medical need for Decrin cream refill per 9/14/2020 note - SS in APRNDNP-C	

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Noted 10/13/20 Cap Kylangford, RN



VIRGINIA
DEPARTMENT OF CORRECTIONS

Health Services Complaint and Treatment Form 720_F17_7-12

Health Services Complaint and Treatment Form

Facility: HAYNESVILLE CORRECTIONAL CENTER

Offender Name: Lucas Case Number: 1080673
Last First

Date/Time	Complaint and Treatment	Signature and Title
08/21/2020 2:50	2D Echo cardiogram Done on Site	[Signature]
08/25/20 1:30pm A. Bunch	Uses Adren as directed Renew Adren 4 500 B/D ✓ Fluor 0.05% T B/D ✓ Proton 5mg qd ✓ Omeprazole 5mg B/D X/P/D ✓ Crestor 10mg qd HS ✓ Fluor 0.4% qd ✓ Plavix	[Signature]
9/1/2020 1050 Noted 9-1-2020 @ 1120 A. Bunch	Refill request received, please advise pt exline spray, eye drops and lotion need to be purchased from commissary. 1) Senne Plus ii PO QD PRN constipation x 30 tabs 2) Oxycontin 1 tab PO QD x 90 days 3) Voltaren gel Use 46 to pain site QID PRN max 166 x 3 tabs 4) All others have valid Rx, need refills completed by pharmacy.	[Signature]
9/2/2020 822 Noted 9/2/2020 9/7/20 11A	labs from 9/3/2020 Acceptable * Redo Ct, Ng, Trich vag ✓	[Signature]

VIRGINIA
DEPARTMENT OF CORRECTIONS

Health Services Complaint and Treatment Form 720_F17_7-12

Health Services Complaint and Treatment Form

Facility: HAYNESVILLE CORRECTIONAL CENTER

Offender Name:

Lucas *Case*
Last First

Number:

1080673

Date/Time	Complaint and Treatment	Signature and Title
8/17/20 8:17 PM <i>Noted</i> <i>8/17/20</i>	Pulm function test of 8/16/20 — acceptable H/W of	<i>Heon</i>
8/11/20 2:40 PM 979 96% 99P 114/80	To receive PFT Feels pretty good & used nasal spray (lots of help spray sinuses & epistaxis) + inhaler (cold coffee) Not exercising but plans to walk NAD 2500 & cough. A cup of H5122 clear full rapid, 200mg/200mg Smoker's lungs gas exposure Will avoid future heat & overexposure has almost continuously + Xopenex pr also, at request STD screen Obtain HIV screen, RPR, Chlamydia Trichomonas HP	<i>Heon</i>
8/12/20 1352 <i>Noted</i> <i>8/12/20</i>	8/4/2020 Lab screen for COVID negative acceptable lab 5P	<i>Shen APRN, DNP-C</i>
8/18/2020 0900 95% 97.8T 114/76 RR 68 RR 16	Placed to release Quarantine w/o S/S of COVID notemp 14 days complete release from quarantine Isolation no longer needed, Neg COVID screen - Shen APRN, DNP-C <i>Noted</i> 8/18/20 9:42 AM <i>Shen</i>	
8/18/20 7:30 PM	Spoke to Sgt young in RHC concerning release	<i>Shen</i>

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Revision Date: 2/23/07



VIRGINIA
DEPARTMENT OF CORRECTIONS

Health Services Complaint and Treatment Form 720_F17_7-12

Health Services Complaint and Treatment Form

Facility: HAYNESVILLE CORRECTIONAL CENTER

Offender Name: LUCAS CASEL Number: 1080673
Last First

Date/Time	Complaint and Treatment	Signature and Title
7/23/2020 940a 99.3, 94, 96% 18, 153/91	PT seen and screened for symptoms of COVID 3/p med run. PT has been in medical isolation since he run. Denies all symptoms of COVID-19 C/S: S, +S Lungs: CTAB Asymptomatic	
7/23/2020 5p	* Release back to compound	Admalt mp
7/27/2020 951 7/27/2020 11p	* Renew Amlodipine 10mg PO qday x 180 days * Renew Xopenex 45mcg spuffs qid PRN SOB x 180 days * Renew Atrovent 10mg puffs tid PRN SOB x 180 days * Renew Atenolol 50mg PO BID x 180 days	Admalt mp
7/29/2020 1355 7/29/2020 8p	Reviewed results CXR dated 7/28/2020 - no acute finding - Acceptable	Shirley APRN, DNP-C
7/29/2020 2000	Offender requesting renewal of Senna plus. Chart to MD/NP.	Kyngford, RN
7/30/2020 7/30/2020 1p	Per Deni consult of 7/29/20 - a/cutal (Chlorazepate) No additional lesions (Senna?) No SOB or HTN 185 treated w/ Lasix & occasional serostats Rx Senna Plus 2 po qd prn x 30d	Admalt mp
8/4/2020	Ey. Exam Today	Shirley

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VIRGINIA
DEPARTMENT OF CORRECTIONS

Health Services Complaint and Treatment Form 720_F17_7-12

Health Services Complaint and Treatment Form

Facility: HAYNESVILLE CORRECTIONAL CENTER

Offender Name:

Lucas
Last

Casel
First

Number: 1080673

Date/Time	Complaint and Treatment	Signature and Title
7/20/20 2 PM	Notes from Pulm & Derm reviewed Pulm on 7/16/20 = ? COPD Schedule PFTs & COVID test ordered CXR & Transferrin echo Increased Omeprazole 40mg BID x 100d Keep Pulm appt. Derm - 3 macules - hyperpigmented possibly due to folliculitis - Clearsey Clindamycin 1% gel qd No follow up 4 Derm	<i>[Signature]</i> M
7/21/20 1000 AM 932 37 9430 120 15	Revised Pulm & Derm consults need to outpatient testing UPT Transferrin echo at hospital. Am get CXR ad HSC Will inquire about pulm tolered Revised skin and snow orders. No onmen inglin on Day eoul All questions answered.	<i>[Signature]</i> M



VIRGINIA
DEPARTMENT OF CORRECTIONS

Health Services Complaint and Treatment Form 720_F17_7-12

Health Services Complaint and Treatment Form

Facility: HAYNESVILLE CORRECTIONAL CENTER

Offender Name:

Lucas Casel
Last First

Number: 1080673

Date/Time	Complaint and Treatment	Signature and Title
7/15/20 11:30 am	Please verify if ingrown toenail of 6/25/20 has resolved. VCU Derm appt 7/9/20 → unknown complexity of unknown etiology. Advised Clinda 100mg gel BID qd w/ follow up by Derm needed confined darkened beard area, low back & anterior thigh - excoriated Open w/ Derm application rather than scratching. Rx Clinda 100mg gel 2 BID qd x 6d Rx Lincos 145 Mg qd	
7/15/20	Pending Optic Pulm consults.	Devin
7/16/2020 1046AM	Telephone Appt VCU pulmonary clinic & Dr Myttinger orders chest CT, PFT'S ↑ Pri to bid cardiac U.S. Hold open chest CT until P PFTS results are available	Devin
2/16/20 11Am	Toenail assessment had ingrown toenail but exposed pus & treated on own "It's healed." But not all 4 toenails, & ingrown, & then pains, & burn on callus. No to do feet - WNL above Pulm recommendations acceptable	Devin

**Patient Report**Specimen ID: 247-245-0730-0
Control ID: TSJ45311290

Acct #: 45311290

Phone: (804) 333-3577

Rte: 05

LUCAS, CASELHaynesville Correctional Ctr
PO Box 129
Haynesville VA 22472**Patient Details**DOB: 08/08/1969
Age(y/m/d): 051/00/26
Gender: M
Patient ID: 1080673**Specimen Details**Date collected: 09/03/2020 0000 Local
Date received: 09/03/2020
Date entered: 09/03/2020
Date reported: 09/05/2020 1135 ET**Physician Details**Ordering: L LEVIN
Referring:
ID:
NPI: 1679545792**General Comments & Additional Information**

Total Volume: Not Provided

Fasting: Yes

Ordered Items

HIV Ag/Ab with Reflex; RPR; Request Problem

TESTS	RESULT	FLAG	UNITS	REFERENCE INTERVAL	LAB
HIV Ag/Ab with Reflex					
HIV Screen 4th Generation wRfx	Non Reactive			Non Reactive	01
RPR	Non Reactive			Non Reactive	01
Request Problem					
No specimen received.					01
TEST: 183160 Ct, Ng, Trich vag by NAA					

01 BN

LabCorp Burlington
1447 York Court, Burlington, NC 27215-3361

Dir: Sanjai Nagendra, MD

For inquiries, the physician may contact Branch: 800-873-7251 Lab: 800-762-4344

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Date Issued: 09/06/20 0844 ET

FINAL REPORT

Page 1 of 1

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VCU Medical Center

Printed: 10/8/20 10:44 AM

By: HAYES (REFH015), BRITNEY

Pulmonary OP Estab Visit

LUCAS, CASEL

Age: 51Y Gender: M DOB: 08/08/1969 MRN: 4369269 Phone: 8043333577

Date/Time 09/10/20 10:45am Author MYTINGER, ANDREA Status Preliminary Source VCUHL7

PCP: MATHEW MD, ALEXANDER

Visit conducted via telephone in light of COVID-19 pandemic. Haynesville Correctional Center. 804-250-4136

Reason for Follow Up: dyspnea on exertion, reactive airways disease

CC: I'm feeling better.

HPI: 51 yo male with ho HTN, GERD, allergic rhinitis, and reactive airways disease in the setting of multiple military gas inhalational exposures who is scheduled for follow up. last seen by me 7/16 with plan to obtain PFTs and better control GERD, PPI increased to BID dosing. since last visit, patient is feeling better. states his chest isn't as tight as it used to be. breathing is improved though still having to use inhalers (xopenex and atrovent) at least 3 times daily. still with nasal congestion. congestion is daily. using nasal spray (saline and flonase). also taking singulair. has never been on allergy pill.

increase in PPI dosing has helped with acid reflux and dyspnea.

Social History:

direct exposure to burn pits and saren gas with chemicals to make mustard gas x 3 times monthly. destroying weapons of mass destruction, without masks at the time, exposed to mustard gas, saren gas updated smoking history: occasional marijuana, smoked 6 years, a pack would last around 3 days at least.

ROS: Complete systems review performed, please see HPI for pertinent positives and negatives

Medical History:

- Problem List (Active Medical Only) This information was current as of 09/10/20 @ 10:46:00.

Active:

- BP+ - Hypertension
- DM - Diabetes mellitus
- Pain with urination
- Urinary frequency
- Urinary hesitancy
- reactive airways disease
- allergic rhinitis

Home Medications This information was current as OF 09/10/20 @ 10:57:00.

Prescriptions Documented Meds By Hx:

- amlodipine(Hx): 10 mg, PO, daily
- atenolol(Hx): 50 mg, PO, twice daily
- bisacodyl (bisacodyl 5 mg oral delayed release tablet)(Hx): 5 mg, PO, daily
- calcium carbonate (Oyster Shell 500 (1250 mg calcium carbonate) oral tablet)(Hx): 1,250 mg, PO, daily
- chlorthalidone (chlorthalidone 25 mg oral tablet)(Hx): mg, PO, daily
- diclofenac topical (diclofenac 1% topical gel)(Hx): 4 g, Topical, four times daily, as needed, as needed for pain
- docusate-senna (Senna Plus)(Hx): PO, bedtime
- duloxetine(Rx): 60 mg, PO, daily
- emollients, topical (DermaCerin topical cream)(Hx): 1 application, Topical, twice daily
- emollients, topical (Hydrocerin)(Hx): Topical
- finasteride(Hx): 5 mg, PO, daily
- fluticasone nasal(Hx): Nasal, daily
- fluticasone-salmeterol (Advair HFA 45 mcg-21 mcg/inh inhalation aerosol)(Hx): Inhalation, twice daily
- fluticasone-salmeterol (Advair HFA 45 mcg-21 mcg/inh inhalation aerosol)(Rx): 2 PUFF, Inhalation, twice daily
- gabapentin(Hx): 200 mg, PO, twice daily
- gabapentin (gabapentin 100 mg oral capsule)(Rx): 200 mg, PO, four times daily
- glipizide(Hx): 5 mg, PO, twice daily

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VCU HEALTH SYSTEM

Name: LUCAS, CASEL	ID: 4369269	BSA: 2.08	Date: 08/06/2020
Tech: Sandiford, Michelle	Height: 72.00	Age: 50	DOB: 08/08/1969
Doctor: ADULT PULM CONSULT	Weight: 188.00	Sex: Male	Race: Black

Diagnosis: R06.0

Tbco Prod:

Yrs Smk:

Pks/Day:

Yrs Quit:

Medications:

Pre Test Comments:

Post Test Comments: Inconsistent patient effort and cooperation ; results did not meet ATS criteria for acceptability and repeatability. Post-bronchodilator completed after 2.5 mg albuterol nebulized. Inspiratory volume < 90% VC on DLCO attempted measurement not reportable .

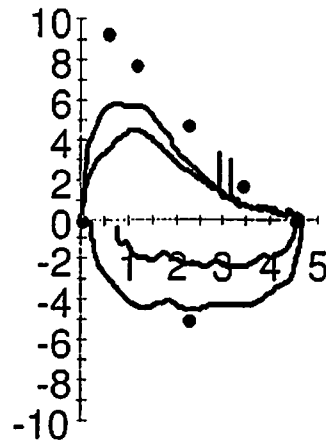
	Pre-Bronch			Post-Bronch		
	<u>Actual</u>	<u>Pred</u>	<u>%Pred</u>	<u>Actual</u>	<u>%Pred</u>	<u>%Chng</u>
---- SPIROMETRY ----						
FVC (L)	4.68	4.50	103	4.57	101	-2
FEV1 (L)	3.16	3.60	87	2.97	82	-6
FEV1/FVC (%)	68	80	84	65	81	-3
FEF 25% (L/sec)	5.66	7.82	72	4.44	56	-21
FEF 50% (L/sec)	2.63	4.73	55	2.25	47	-14
FEF 75% (L/sec)	0.65	1.69	38	0.58	34	-11
FEF 25-75% (L/sec)	1.88	3.53	53	1.68	47	-10
FEF Max (L/sec)	5.72	9.33	61	4.44	47	-22
FIVC (L)	4.48			3.79		-15
FIF Max (L/sec)	4.56			2.43		-46
FIF 50% (L/sec)	4.54	4.98	91	2.24	44	-50
Expiratory Time (sec)	7.03			6.37		-9
---- LUNG VOLUMES ----						
SVC (L)	5.03	4.49	112			
IC (L)	1.53	2.96	51			
ERV (L)	3.49	1.53	228			
TGV (L)	5.34	3.53	151			
RV (Pleth) (L)	1.84	2.00	92			
TLC (Pleth) (L)	6.87	6.48	105			
RV/TLC (Pleth) (%)	27	30	90			
Trapped Gas (L)						

Post-Test Comments:

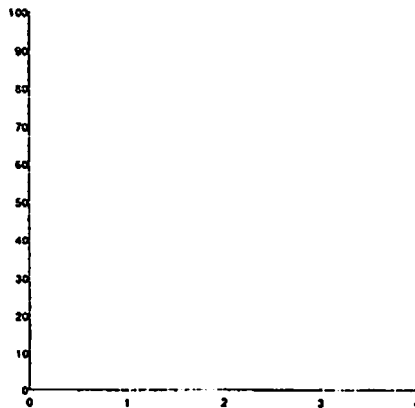
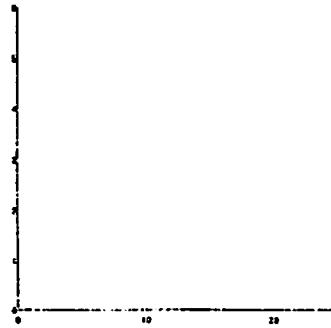
Inconsistent patient effort and cooperation ; results did not meet ATS criteria for acceptability and repeatability. Post-bronchodilator completed after 2.5 mg albuterol nebulized. Inspiratory volume < 90% VC on DLCO attempted measurement not reportable .

VCU HEALTH SYSTEM

Name:	LUCAS, CASEL	ID:	4369269	BSA:	2.08	Date:	08/06/2020
Tech:	Sandiford, Michelle	Height:	72.00	Age:	50	DOB:	08/08/1969
Doctor:	ADULT PULM CONSULT	Weight:	188.00	Sex:	Male	Race:	Black



• Pred — Pre — Post



VCU HEALTH SYSTEM

Name:	LUCAS, CASEL	ID:	4369269	BSA:	2.08	Date:	08/06/2020
Tech:	Sandiford, Michelle	Height:	72.00	Age:	50	DOB:	08/08/1969
Doctor:	ADULT PULM CONSULT	Weight:	188.00	Sex:	Male	Race:	Black

Spirometry reveals mild obstructive lung disease. Lung volumes are within normal limits. The flow volume loop indicates obstructive lung disease. Interpret with caution given the patient's difficulty with performance of pulmonary function studies.

Alpha A. Fowler, III, MD, #8510

««This interpretation has been electronically signed: Fowler, Alpha 08/10/2020 02:52:52 PM»»

VCU Medical Center

Printed: 10/19/20 11:20 AM

By: HAYES (REFH015), BRITNEY

CV: Echo Transthoracic-Adult

LUCAS, CASEL

Age: 51Y Gender: M DOB: 08/08/1969 MRN: 4369269 Phone: 8043333577

Date/Time 10/16/20 02:14pm Author MYTINGER, ANDREA Status Auth (Verified) Source VCUHL7

VCU Medical Center
1200 E. Marshall Street
Richmond, VA 23298
Phone: 804-828-9986

Transthoracic Echocardiography Report

Name: LUCAS, CASEL Study Date: 10/16/2020 02:14 PM

Attending Physician: MYTINGER,

ANDREA

Accession#: AH2026003

MRN: 4369269

Patient Location: KAHS...VCUHS

DOB: 08/08/1969

Gender: Male

Age: 51 yrs

BP: 129/93 mmHg

Height: 71.5 in

Weight: 201 lb

BSA: 2.1 m²

Heart Rate: 58

Reason For Study: Dyspnea

History: Hypertension, diabetes

melitus

PROCEDURE

Procedure(CPT Code): TTE Complete (93306-26) 2D with Doppler and Color Flow:

No add on codes required).

Interpretation Summary

Normal left ventricular dimensions with normal segmental function, ejection fraction, global longitudinal strain, and diastolic function.

The right ventricle is normal in size and function with mildly elevated systolic pressure.

Normal valves.

Normal atrial and inferior vena caval dimensions.

LEFT VENTRICLE

Normal left ventricular dimensions with normal segmental function, ejection fraction, global longitudinal strain, and diastolic function. LV ejection

fraction = 60%.

RIGHT VENTRICLE

The right ventricle is normal in size and function.

LEFT ATRIUM

The left atrial size is normal.

RIGHT ATRIUM

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BH

VCU Medical Center

Printed: 10/19/20 11:20 AM

By: HAYES (REFH015), BRITNEY

CV: Echo Transthoracic-Adult

LUCAS, CASEL

Age: 51Y Gender: M DOB: 08/08/1969 MRN: 4369269 Phone: 8043333577

Date/Time 10/16/20 02:14pm Author MYTINGER, ANDREA Status Auth (Verified) Source VCUHL7

IVC Diam_: 1.4 cm RA ESA: 14.4 cm² LA A4Cs: 15.7 cm²

LA ESV (MOD-BP): 44.0 ml
LA volume MOD BP Indexed: 20.7 ml/m²

Time Measurements

Aortic R-R: 1.0 sec

Aortic HR: 59.0 BPM

Doppler Measurements \T\ Calculations

MV E max vel: 46.2 cm/sec MV dec slope: 145.5 cm/sec² Ao V2 max: 89.5 cm/sec

MV A max vel: 39.9 cm/sec MV dec time: 0.32 sec Ao max PG: 3.0 mmHg

MV E/A: 1.2 Ao V2 mean: 62.2 cm/sec

Ao mean PG: 1.8 mmHg

Ao V2 VTI: 19.5 cm

AVA(I,D): 3.1 cm²

AVA(V,D): 3.2 cm²

LV V1 max PG: 2.0 mmHg CO(LVOT): 3.5 l/min TR max vel: 278.3 cm/sec

LV V1 mean PG: 1.0 mmHg SV(LVOT): 60.1 ml TR max PG: 31.3 mmHg

LV V1 max: 71.1 cm/sec

LV V1 mean: 47.2 cm/sec

LV V1 VTI: 15.0 cm

AV VR: 0.79 MV P1/2t-pr_: 93.0 msec RV S Vel: 9.4 cm/sec

AVA(VTI)/BSA: 1.5

MV LAT E': 10.3 cm/sec MV LAT E/E': 4.5 MV MED E': 8.8 cm/sec

MV MED E/E': 5.2

BW

COPY

Electronically Signed By:

Walter Paulsen, MD on 10/17/2020 03:52 PM

Performed By: Cara Martin

MRN: 4369269

Please click on link to see image.

VCU Medical Center

Printed: 10/19/20 11:20 AM

By: HAYES (REFH015), BRITNEY

CV: Echo Transthoracic-Adult

LUCAS, CASEL

Age: 51Y Gender: M DOB: 08/08/1969 MRN: 4369269 Phone: 8043333577

Date/Time 10/16/20 02:14pm Author MYTINGER, ANDREA Status Auth (Verified) Source VCUHL7

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ORDER Performed By: ANDREA KATHERINE MYTINGER 20201016141446 is COMPLETED

PERFORM Performed By: WALTER H.J. PAULSEN 20201016141446 is COMPLETED

VERIFY Performed By: WALTER H.J. PAULSEN 20201016141446 is COMPLETED

Author: MYTINGER, ANDREA

CV: Echo Transthoracic-Adult

BN

COPY

VCU Medical Center

Printed: 10/8/20 10:44 AM

By: HAYES (REFH015), BRITNEY

Pulmonary OP Estab Visit

LUCAS CASEL

Age: 51Y Gender: M DOB: 08/08/1969 MRN: 4369269 Phone: 8043333577

Date/Time 09/10/20 10:45am Author MYTINGER, ANDREA Status Preliminary Source VCUHL7

>>allergic rhinitis: still with daily rhinitis. on singulair, ocean nasal spray and singulair. please add on anti-histamine such as cetirizine or equivalent.

RTC 4 months.

Discussed with Dr. Fowler, pulmonary attending.

Andrea Mytinger, DO
Pulmonary/Critical Care Fellow

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SIGN Performed By: ANDREA KATHERINE MYTINGER 20200910112836 is COMPLETED
MODIFY Performed By: ANDREA KATHERINE MYTINGER 20200910112836 is COMPLETED

Author: MYTINGER, ANDREA
Pulmonary OP Estab Visit

COPY

VCU Medical Center

Printed: 5/29/20 12:52 PM

By: KING (REFH015), BRANDY

Urology Procedure Note

LUCAS, CASEL

Age: 50Y Gender: M DOB: 08/08/1969 MRN: 4369269 Phone: 8043333577

Date/Time 09/04/19 04:03pm Author HAMPTON MD, LANCE Status Auth (Verified) Source VCUHL7

Urology Clinic Procedure

| LUCAS, CASEL |PROCEDURE DATE: September 04, 2019 ||

| DOB: 08/08/1969|||

| MRN: 4369269|||

ATTENDING: Lance J. Hampton, MD

HISTORY: Mr. Lucas is a 50-year-old man, who is an inmate, who was sent to me by Regina Foster for cystoscopy for microscopic hematuria and also for rule out stricture because of his history of STDs and his urethral discomfort, and difficulty urinating. After obtaining informed consent, he was taken to the procedure room, prepped and draped in usual sterile fashion. Flexible cystourethroscopy was performed. This revealed no abnormalities of bladder mucosa, tumors, lesions, or stones. The urethra was normal. He has mildly enlarged bilobar hyperplasia of the prostate. He tolerated the procedure without any difficulty or complications and was discharge in stable condition. He will follow up as needed.

Lance J. Hampton, MD
Chairman, Division of Urology
Barbara and William Thalheimer Professor of Urology
VCU Medical Center
PO Box 980118
Richmond, VA 2329
(Ph): 804-828-9331
(Fax): 804-828-2307
(Email): lhampton@mcv-vcu.edu

LJH/MedQ D09/04/2019 T09/04/2019 R
J267609/852972160

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PERFORM Performed By: LANCE J HAMPTON 20190904184752 is COMPLETED
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Author: HAMPTON MD, LANCE
Urology Procedure Note

VCU Medical Center

Printed: 5/29/20 1:11 PM

By: KING (REFH015), BRANDY

Urology OP Estab Visit

LUCAS, CASEL

Age: 50Y Gender: M DOB: 08/08/1969 MRN: 4369269 Phone: 8043333577

Date/Time 05/01/20 10:16am Author FOSTER PA, REGINA Status Auth (Verified) Source VCUHL7

VCU HEALTH SYSTEM**MCV HOSPITALS AND PHYSICIANS**

Richmond, Virginia 23298

UROLOGY ESTABLISHED VISIT NOTE**NAME: LUCAS, CASEL****DOB: 08/08/1969****MRN: 4369269****VISIT DATE: May 01, 2020****ATTENDING: G/U, SURG****COLLABORATING PHYSICIAN: Lance J. Hampton, MD****REASON FOR VISIT: BPH.**

HISTORY OF PRESENT ILLNESS: Mr. Lucas is a 50-year-old incarcerated gentleman with a past medical history of an enlarged prostate and lower urinary tract symptoms. He has had an STI many years ago, while he was in the Military and he believes that all his symptoms started after that, despite being told many times that with his age an enlarged prostate that is likely contributing to some of his symptoms. The patient still believes that a lot of this started as a result of the STI he obtained. He has had significant improvement. However, on Flomax, finasteride, and oxybutynin, on his irritative and obstructive symptoms, he gets up about 3 times at night which is a great improvement because he was getting up about every 20 to 30 minutes before starting on medication, and the oxybutynin helped him even more. He is still getting postvoid incontinence, and he states that is not just a trickle when he thinks he has done, he pulls up his garments, and he soaks completely. This is significantly in fact affecting his quality of life and the patient states that he is possibly interested in surgical intervention.

SOCIAL HISTORY: He is still incarcerated.

REVIEW OF SYSTEMS: A complete review of systems is done and negative except per HPI.

PHYSICAL EXAMINATION: Physical exam not done because this is a telemedicine service.

PERSONAL REVIEW OF LABS: Most recent PSA was back in July of last year, it was 0.7.

ASSESSMENT AND PLAN: This is a 50-year-old incarcerated gentleman found to have an enlarged prostate on a cystoscopy. He has lower urinary tract symptoms that did improve with Flomax, finasteride, and oxybutynin but he continues to get up about 3 times a night which is not as bothersome as the postvoid incontinence that he is still experiencing. He feels that is affecting his quality of life significantly and is hoping that surgical intervention may resolve those symptoms. He had a scope again back in September, so we probably should repeat that maybe this coming September or October at least a year from the previous one to see what type of growth he may have had and at that point, we can determine if he is a candidate for a photovaporization of the prostate.

I personally spent about 15 minutes providing above services or telemedicine and I explained the patient expressed an understanding that this was in place of an in-person visit. Date of the call was 05/01/2020. I did send a message to our clerical team asking that they mail his VA paperwork that I filled out a few months ago to the patient's facility directly as he stated that he needs that information.

Regina C. Foster, PA

VCU Medical Center

Printed: 5/29/20 12:52 PM

By: KING (REFH015), BRANDY

Urology OP Estab Visit

LUCAS, CASEL

Age: 50Y Gender: M DOB: 08/08/1969 MRN: 4369269 Phone: 8043333577

Date/Time 01/03/20 11:57am Author FOSTER PA, REGINA Status Auth (Verified) Source VCUHL7

PERFORM Performed By: REGINA C FOSTER 20200103132702 is COMPLETED

TRANSCRIBE Performed By: MEDRITE-RTF CONTRIBUTOR_SYSTEM 20200103131900 is COMPLETED

SIGN Performed By: REGINA C FOSTER 20200103155826 is COMPLETED

MODIFY Performed By: REGINA C FOSTER 20200103155826 is COMPLETED

VERIFY Performed By: REGINA C FOSTER 20200103155826 is COMPLETED

Author: FOSTER PA, REGINA

Urology OP Estab Visit

VCU Medical Center

Printed: 05/29/20 12:53PM

By: KING (REFH015), BRANDY

CT: Abd/Pelvis (urography) w/o

LUCAS, CASEL

Age: 50Y Gender: M DOB: 08/08/1969 MRN: 4369269 Phone: 8043333577

Date/Time 08/07/19 12:22pm Status Auth (Verified) Source VCUHL7

CT: Abd/Pelvis (urography) w/o

Procedure: CT: Abd/Pelvis (urography) w/o

Reason For Study: Hematuria

Ordering Physician: FOSTER PA, REGINA C

Abdomen pelvis CT scan without and with IV contrast material and CT urogram dated 8/2/2019

COMPARISON: None.

TECHNIQUE: CT scans were obtained throughout the abdomen and pelvis without oral contrast material and initially without intravenous contrast material. Scans were then repeated following uneventful intravenous administration of 150 mL of Omnipaque 300. Delayed images through the abdomen and pelvis were also obtained. Sagittal and coronal reconstructions as well as the reconstructed 3-D urogram image was also obtained and submitted.

FINDINGS: Limited imaging of the lung bases showed no abnormality. The heart size was normal. The liver was normal in size with no focal defects. The gallbladder, pancreas, and spleen all had a normal appearance.

The adrenal glands were normal. Both kidneys were normal in size with no perinephric soft tissue stranding. No radiopaque calculus was noted. There were bilateral subcentimeter cortical hypodensities, too small to characterize but likely small cysts. Excretory phase imaging showed the ureters and bladder to be normal. The calyces had brush border throughout consistent with medullary sponge kidney. There was an enlarged prostate gland indenting the bladder base.

The abdominal aorta showed minimal scattered calcifications with scattered calcifications in the common iliac arteries. There was no evidence of aneurysm.

A small hiatal hernia was noted. The stomach, small bowel, and colon had a normal appearance aside from the presence of sigmoid and descending colon diverticulosis.

Images the pelvis showed a moderately enlarged prostate gland indenting the bladder base. The seminal vesicles were normal.

The bony structures showed minimal degenerative osteophytes the lumbar spine with no suspicious osseous lesion.

Conclusions:

1. No evidence of mass, calculus, or hydronephrosis. Kidneys normal in size. Bilateral subcentimeter cortical hypodensities, too small to characterize but likely small cysts.
2. Brush border appearance of calyceal cups, consistent with medullary sponge kidney.
3. Moderate enlargement of prostate gland indenting the bladder base. Bladder otherwise normal.
4. Small hiatal hernia.
5. Diverticulosis

Dictated By: Mary A. Turner

Electronically Verified by: Mary A. Turner 8/7/2019 12:22 PM